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THE Public Health Nurse

NOVEMBER, 1919

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Some Ways of Preventing Influenza

By H. L. ROCKWOOD, M. D.

Co-operation in School Nursing

By ANNA L. STANLEY, R. N.

The Responsibilities and Opportunities of the Industrial Nurse

By FLORENCE S. WRIGHT, R. N.

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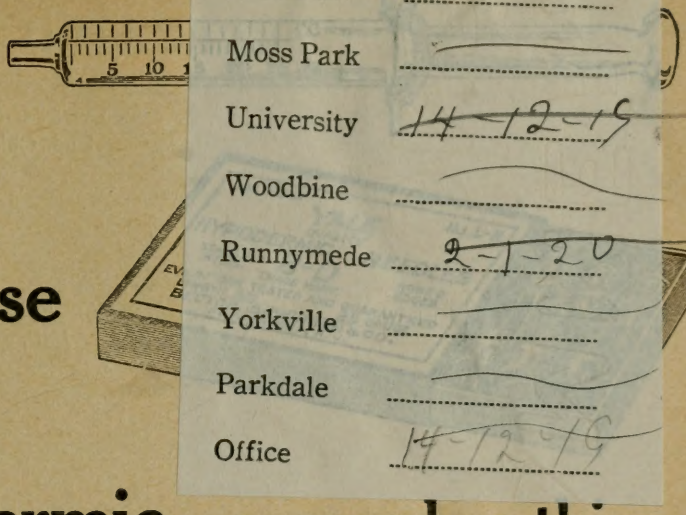

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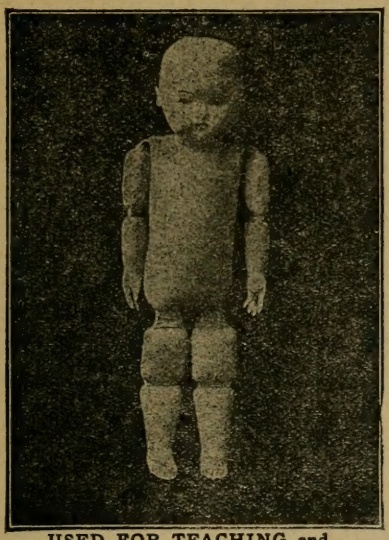

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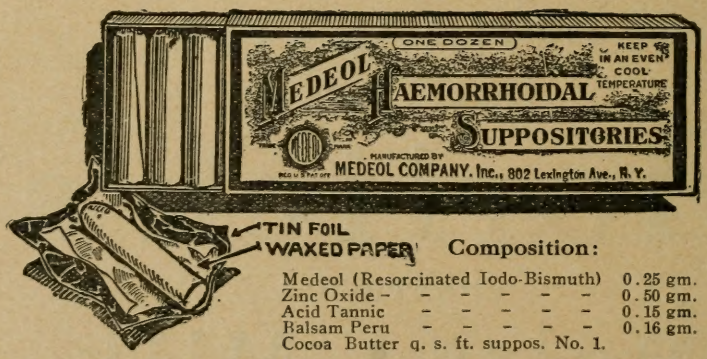

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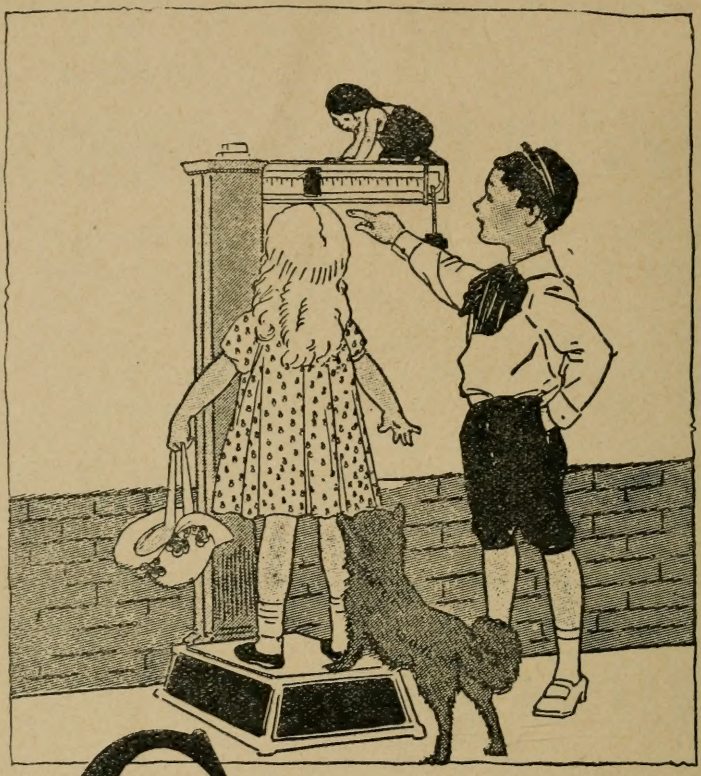

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A half pound a Month
is the least that he should.

ILLUSTRATION FROM "CHILD HEALTH ALPHABET" OF THE CHILD HEALTH ORGANIZATION, NEW YORK

(See "New Allies in Public Health," p. 859)

THE PUBLIC HEALTH NURSE

VOL. XI NOVEMBER, 1919 No. 11

EDITORIAL

An Equal Chance for Equal Health

WHAT a glorious slogan! and fortunately one to whose measure our Public Health Nurses have marched for many a year, though only now does the legend stand inscribed upon our banner.

To democratize knowledge concerning health and the care of human life, to distribute widely the information on these matters which has hitherto seemed accessible only to the minority of mankind, to carry graduate nursing and health instruction into hundreds of thousands of homes which otherwise could have no share in these benefits, has been the peculiar contribution which public health nurse associations have made to an era which might otherwise have regarded these things as luxuries for the few, rather than as basic necessities for all. Little did the early visiting nurse dream that she held in her hand one of the great means by which the promises of Democracy can be made effective. The problem before us is to reach *every* home—for the home is the center of human life, and if life is to be nurtured, those who have it in their keeping must be taught, must be encouraged, must be helped to understand their own peculiar obligations and how to meet them.

"An Equal Chance for Equal Health!" These words do not represent merely the chance capture of a fortunate phrase but are the interpretation of Public Health Nursing's innermost meaning. They touch with a stronger illumination the path on which we have

come and throw the flare of searchlight along the road which lies ahead.

In very truth these words reveal the Public Health Nurse as one of the great purveyors of those benefits which a Democratic government promises to all people. She is one of the instruments through which these promises are made effective.

An Equal Chance for Equal Health! There was a time not so long ago when these words would have elicited the cry: "Yes, in the millenium when the lion lies down with the lamb, then perhaps men will be different and chances equal." But those of us who know what can be accomplished by believing in a task and its fulfilment and by doing the steady, hard work which that task involves, and by organizing ourselves as a part of the great mobilization of scientific and humanitarian forces which on every side have gathered and are gathering in strength and numbers for the great and sustained combat against ignorance, inertia and disease—those of us, I say, believe with passionate conviction that there must and will be an Equal Chance for Equal Health within a measurable period of time.

Therefore, greatly may we rejoice in words which mean exactly what they say and are coupled with the deeds which will assure the promise of accomplishment.

———o———

The Child Health Organization

ONE is immediately impressed by the lines on the cover of pamphlet No. 8 of the admirable set of paper bound booklets on Child Care sent out by the Child Health Organization from 156 Fifth Avenue, New York City.

These lines in part are:

"Every child has a right to be as healthy as *present knowledge* can make him." By "present knowledge" must be meant, of course, the knowledge possessed on the subject by our best physicians, nurses and sanitarians, for the average knowledge of the average householder, parent and guardian, whether in private dwellings or in tenements is not of a kind to ensure the proper nurture and development of children. If the child has a right to health, what means can we set in motion to secure for him his rightful heritage? Education of the children themselves in the schools, education of the adults in their homes. These measures, however, rest in part on the voluntary coöperation of parents. A *right* seems to call for even something further, something that should be even more strongly secured. If there are government weights and measures which secure one's right to a full pint or pound, why not a locally recognized health standard below which no child may fall without being liable to interference of a corrective and helpful character from authorized agents? Whenever a

right is universally acknowledged, the right must ultimately be guaranteed. If we can all of us believe that every human being has indeed the right to be born healthy and develop into normal, healthy, happy childhood we will all act in concert toward this end and will neither flag nor fail till every child in this great country of ours has the title to his right and a sure means of actually securing his new inheritance.

Fortunate, indeed, is it that the Child Health Organization has so strong a program and numbers among its directing members those who have so great an understanding of the scientific and practical aspects of child care and the wide-spread need of definite instruction in the matter.

A Memorial to American Nurses

IN another part of this issue we publish a letter which has been addressed by the Joint National Committee of the national nursing organizations to the presidents of State associations, setting forth plans for the raising of funds for a memorial to American nurses who died in service during the war. This memorial is to take the form of a training school building in connection with the Florence Nightingale School of Nursing in Bordeaux.

We feel sure that no comment of ours is needed to enlist the sympathy and help of our readers in a purpose which we must all consider it a privilege to serve.

IMPORTANT NOTICE

The publication office of The Public Health Nurse has been moved from 612 St. Clair Ave., N.E., to 2157 Euclid Ave., Cleveland. We hope our readers will please make a careful note of this and will address all correspondence to our new location, so that no unnecessary delay may occur.

Some Ways of Preventing Influenza*

BY H. L. ROCKWOOD, M.D.

Commissioner of Health, Cleveland, Ohio

Almost important topic is receiving unusual public attention at the present time. This topic in one word is "Prevention."

We have seen President Wilson break down in health, we hope only temporarily, in a strenuous effort in behalf of the League of Nations. He believes that the scourge of war may be prevented by nations leagued together to preserve peace.

This week here in Cleveland we have a splendid effort being made for the Prevention of Accidents. We are hearing addresses, and seeing exhibits all prepared to teach us so that we may return to our homes, after the day's work, with both our eyes and all our fingers and toes. And now we come to a third kind of Prevention—The Prevention of Disease. We have in mind the dreadful days of last fall and winter when, throughout the world, influenza swept in pandemic form and took countless lives. We seek ways of preventing a recurrence of such a catastrophe.

It is not alone ways of preventing these things which we seek. We want to know the price we must pay for prevention. Obviously automobile accidents can be prevented by giving up the use of automobiles. But we dismiss such a suggestion impatiently, feeling that whether accidents come or accidents go, the "flivver" must go on forever. Also it is perfectly true that, were one willing to have an attack of smallpox and go into solitary quarantine, in doing so an attack of influenza could be avoided, but such a suggestion is foolish and unthinkable. In other words, the slogan "Business as Usual" is advocated. Our right to enjoy life, liberty and happiness must not be impaired in measures of prevention. Living must be normal. To go into quarantine with smallpox to avoid influenza could hardly be called normal living.

This is a perfectly legitimate viewpoint in this and all public health matters. Sickness of any kind strikes a discordant note in our lives. A medicine chest is not an appropriate wedding present. Few homes are built in anticipation of sickness. And in our daily living we cannot be expected to be constantly concerned with dodging either automobiles or germs causing disease. We must learn to live with these things rather than without them. We must learn how to avoid disease by proper methods of living, and, just as unconscious-

*An address given at the Red Cross Teaching Center, Cleveland, Ohio.

ly as we automatically wind the clock before going to bed, we must acquire habits which prevent disease.

Now right here is where the Red Cross can be of tremendous help. Through a strenuous campaign of education we can be taught the prevention of disease. As an example of what is needed, I will refer to the subject of temperature. Temperature of the rooms we live in, along with ventilation, has much to do with preventing such disease as influenza. In a general way it can be stated that 68° Fahrenheit is the most suitable temperature for the rooms in which we live, and yet such a statement requires more detail. Obviously such a statement should not apply in many instances, as for example when there is a new baby in the home, or in certain forms of illness.

The Red Cross, through classes devoted to training in hygiene and the home care of the sick, can bring out such points, and the proper application and interpretation of such a general rule as the one mentioned regarding room temperature. There are other details regarding this matter of temperature.

I have a recent publication from Framingham, Mass., where an intensive health survey has been recently made. This publication is devoted to a survey made of the public schools and the factories. In most of our modern public schools a very elaborate and expensive system of ventilating is installed. And yet the janitors of these schools, who are designated to operate and control these elaborate ventilating systems, are often men who have passed the prime of life and are disqualified to handle, in an intelligent manner, a matter of such prime importance as that of ventilating properly the rooms where children are receiving their education. I do not mean to say that the janitors of our own schools are old and decrepit, but such is often the case in many schools. Besides this, the janitor is oftentimes the truant officer, and when small boys play "hookey" it is the truant officer who must start out to round up such offenders, and if this officer is also charged with ventilating his school, temporarily, at least, ventilation must await his return. This same Framingham publication has something interesting to say regarding temperature control. "Janitors and teachers rely, in their efforts to control temperature, on the schoolroom thermometers. The accuracy of these instruments is consequently a matter of importance, and was tested in the course of this study. This was done by fastening a calibrated (or standardized) thermometer to the room thermometer with an elastic band so that the two bulbs were brought together. The readings were then taken after a period of fifteen to thirty minutes. All types of ther-

mometers were found, but in some of the schools they were of the cheapest variety. One of the thermometers read 7.6 degrees too high. Another read 3.1 degrees too low. Half the thermometers were more than 1.2 degrees inaccurate in one way or the other. Most of them read too low, a circumstance which tends to foster "overheating."

This inaccuracy in thermometers is a matter equally important in controlling temperature of all living rooms. And it is such details as this, which is only one of many, which require the study of such matters in an effective way by such classes as the Red Cross may organize. It is another illustration of the wide usefulness of such work under such leadership. Just why temperature regulation, in preventing influenza, is important is shown by statements made to me by several clinicians. The death rate in influenza itself is very low. Only 2½% per 100. In other words, in every 100 cases of influenza, uncomplicated, there are only two or three fatal results. But when pneumonia sets in, as a complication, the death rate rises to 30 per cent. Thirty die out of every hundred cases of influenza which develop pneumonia. Clinicians state that pneumonia develops much less often when those ill with influenza are kept in a room well supplied with fresh cool air.

When we consider the subject of influenza prevention, we must first grasp a few fundamental principles concerning this disease. The first of these is:

1. Influenza is a community disease. Here in Cleveland we have approximately 800,000 people. For purposes of this talk, these 800,000 people may be divided into two groups. One group says there are 800,000 of us in Cleveland. Those of the other group say, in spirit at least, there are seven hundred and odd thousand in Cleveland *and myself*. Influenza is a community disease in the sense that it may attack any one of the 800,000 of us. It is a community disease in contrast with measles, whooping cough, or any one of the diseases of childhood which usually attack only children. It is to be hoped that the Red Cross Classes will acquire and spread the community spirit and it is such a spirit which is acutely needed in combating influenza. The second fundamental principle regarding influenza is:

2. It is a very infectious disease. It is perhaps the most infectious disease known of any of those affecting Cleveland. We have only to recall the rapid spread through whole families when one member took ill, to convince ourselves of this extreme infectiousness.

The third and last important fundamental principle to remember in preventing influenza is that:

3. Influenza is spread by direct and indirect contact. This fact furnishes the reason for most of our points of attack in a campaign

of prevention. We quarantine known cases. Our quarantine rules read "In many communicable diseases, the organism which causes them is contained in discharges from the mouth, nose, and throat. In general terms, communicable diseases are spread by direct contact—either with active cases, recent convalescents, mild and missed carriers, or carriers—the latter being individuals who are not sick but who harbor the organisms of disease either following an attack of the disease or from intimate contact with patients."

Quarantine of known cases is, therefore, insufficient. Many are able to transmit such a disease who do not require a physician, and while our laws read that *any* person or physician who knows of an infectious disease must report it, we must in large measure rely upon the medical profession alone to give such reports to the Division of Health for quarantine. For direct or indirect contact with influenza, those in the same home where a case exists are most exposed. The same is true in all infections of the respiratory or breathing passages. Our laws aimed to prevent such diseases do not go into the home enough. Take as an example our anti-spitting laws. It is a misdemeanor to spit in public places on the sidewalks of the public streets, but however well such a law may apply to a careless individual on the public highway, the same individual may do untold harm by careless spitting on his own premises. The floor has been called "the baby's playground." The same floor in the home of a careless tuberculous parent may be and often is the baby's death trap.

By the means of such a floor strewn with tuberculosis germs, we have an example of indirect contact as a common way of spreading disease and there are many other indirect contacts which must be watched in the prevention of the spread of influenza when it exists in a home. The dishes and the bed linen are examples. When influenza is abroad, the family dish pan should receive attention. It is too ancient a custom to be done away with entirely now, but surely at such a time ways of separating the dishes of those sick with influenza from those of the rest of the family must be adopted. Here again the classes of the Red Cross have an important subject for careful study.

These brief suggestions are only a part of a great subject. Its full development in such a way as to become an automatic part of our every day lives depends on demonstrating that such ideas are sound; that they are based on actual experience and research, and then to appeal for their application to a properly developed community spirit which demands community protection. In this accomplish-

ment, through its classes or round table conferences, I feel that the Red Cross is upon the threshold of a far reaching and most important part of its work of saving human life.

The Responsibilities and Opportunities of the Industrial Nurse*

BY FLORENCE SWIFT WRIGHT

Chairman, Committee on Industrial Nursing, National Organization for Public Health Nursing

THREE years ago it was my privilege to prepare a paper for this organization. Industrial nursing was still in the pioneer stage and the industrial nurse was often on trial. The great war has brought changes, not the least being a much more general appreciation among employers of the value to them of the trained nurse as well as recognition in circles of organized labor of her services to the workers. Today I shall not, as was the case three years ago, try to convince you that you *need* the industrial nurse; instead, I hope to show what may attract a nurse to work in industry as a means of self-expression which allows her to use for humanity all of her training and experience.

To meet her responsibilities and take advantage of her opportunities she must prepare herself as a *Public Health* Nurse by acquiring some familiarity with the principles of psychology and applied economics and an open-minded insight into present day social conditions. She must learn to understand all kinds of people and she can only do so by making herself familiar with their past condition, their ambitions, limitations, opportunities and needs. She cannot understand the various types of Poles unless she knows of the partition of Poland and of the various factors which have consequently influenced the thought and habits of the Polish people. So with the Russian, the Hungarian, the Italian. The people she deals with she must study daily. The Americans may be able to explain themselves, but the immigrant can hardly become a good American citizen unless we understand his needs, if not his tongue, and make him know that we understand them.

As an *industrial* nurse, the trained Public Health Nurse, on taking a position in a new industry, should acquaint herself as rapidly as possible with the processes of

*Paper read before Women in Industry Section, Eighth Annual Safety Congress, National Safety Council, Cleveland, October 2nd, 1919. For account of this meeting, see p. 904.

that industry and should make herself familiar with its less obvious health and accident hazards and with the indirect effects of work and methods on the vitality and *future* health of the workers, especially young people and women, as well as with the hazards that force themselves upon the attention by their ever recurring *visible* results.

A nurse who is allowed the privilege of studying the industry will, providing her records are well kept and efficiently used, become increasingly valuable in all her contacts.

Her further responsibilities are:

First: To herself, that she develop her powers.

Second: To her employers, that she perform faithfully what they have seen for her to do, while demonstrating the economic value of broader activity.

Third: To the workers, that she serve them acceptably and with the authority that will win their heed to her teaching.

Fourth: To the industrial physician, that she carry out his medical orders exactly and that she cöoperate with him in all matters.

Fifth: To the community, that she act in the best and broadest meaning of the term as a good and progressive civic as well as industrial servant.

But I believe that the great responsibility of the industrial nurse who has a vision of the broader aspects of her work is a duty to our country for the best use of her opportunities in the making of good American citizens. Her privilege of rendering personal service gives her unique opportunity to understand the worker and puts this duty squarely on her shoulders. I consider her opportunities to be her responsibilities.

How and why the Public Health Nurse must be a part of the Americanization program has been told so concisely by Mrs. Haasis, of the National Organization for Public Health Nursing,* that I use her words.

"First: The Public Health Nurse enters the home of the foreign-born at a time when there is trouble. Service is needed, and needed badly too. Her uniform proclaims her as a worker, and to the men and women who have toiled and sweated in workshop or field, there is no passport to confidence like a pair of working hands. . . . .she has service to give and her service assures her welcome.

"Second: Nine times out of ten her visits bring immediate and tangible benefit. Even if not in the recovery of a sick one, at least increased comfort and in the confidence of the family that they are doing the right thing. . . . .

"Third: Once the gratitude of the family and their confidence are

*Public Health Nursing an Aid to Americanization, by Bessie A. Haasis, published in July, 1919, issue of THE PUBLIC HEALTH NURSE.

gained there is no subject on which they will not ask or accept advice. And here lies the opportunity of the Public Health Nurse to win the family over to such American standards and habits as are better than their own. . . . .

"There is no reason why the advice of the Public Health Nurse should be limited only to matters of health. Public Health Nursing states as its aim: 'To remedy not only the case of illness, but *whatever is wrong* with the family.' And so the Public Health Nurse may be the one to get the young wage earner into lighter work so that he can attend night school. If she has nursed his brother through a critical case of pneumonia he is likely to do what she advises. Or she may be the one to urge the father to take out his naturalization papers, knowing that in the hazardous industry in which he is employed he stands as good a chance as any other man of being killed and leaving his wife ineligible for a widow's pension. If she has cared for the wife when the last baby was born, he is likely to do that, too."

This is all true of the *industrial* Public Health Nurse as well and her opportunities are even greater, for two reasons.

First: Her services are free from any possible sting of charity, as she is employed as a necessary provision for industrial safety and health; or, if employed by the workers themselves through mutual aid associations or labor unions, her presence shows the need of her service to have been so plainly seen by those she serves that they have already paid her for it.

Second: Her close relation to her patients, while at work as well as in the homes, during health as well as in sickness, makes it possible for her to become a friend before she becomes a nurse, with all the advantage of knowledge and understanding which the double relationship will bring.

Today the trained nurse is employed in most industries; in mining settlement and bank, laundry and hotel, tannery and department store, rolling mill and candy factory, packing house and silk mill. Her duties are equally varied. Most often we find her giving first aid and assisting the industrial physician; caring for the sick in the home and teaching there bedside nursing, home management, child care. However, she is equally concerned with accident prevention, sanitation, health education, employment problems. Seeing the cause of illness and misery, she is able to aid in finding the remedy.

In the plant she may have a large responsibility in searching out the more remote causes of injury, illness, and unhappiness, together with an obligation to enforce necessary precautionary measures. Her daily contact with the workers in plant and home, together with her neighborly, per-

sonal service to them, puts her, if she respects their racial traditions, in the best possible position to demonstrate the wisdom of change in habits which will make for healthy, rational life. If she is wise, she will not seek to do this by ruthlessly uprooting cherished custom, but rather, by friendly interchange of ideas, she will strive to alter only that which is actually harmful, while preserving the good to enrich our own national life. She will not fall into the error of the social worker in the old story who, returning from a visit to an Italian family, reported that they were not yet Americanized as they were still eating Italian food. Rather, she will try to teach her American friends the value of the Italian salad, French soup, Swedish bread, Hungarian stew.

She will, by her understanding of the parents, almost unconsciously strengthen family ties by fostering in the minds of the young people respect for the opinions and customs of their elders, the loss of which is often a sad feature in the lives of the foreign born and gives dangerous freedom from restraint to their children, which is the direct cause of much lawlessness among those of foreign parentage.

The industrial visiting nurse, already known to the patients, comes to them in their homes when they need her, and while her service to them is a friendly, neighborly one from a fellow-worker, her training and uniform give her words weight, as suggested by Mrs. Haasis. Her co-workers and their families come to love and trust her and to depend on her to smooth out many rough places. She is a connecting link of understanding sympathy between employer and worker. Knowing both intimately, she is sometimes an unofficial mediator, explaining to the worker the aims of the employer and bringing to the employer what she has learned to be the needs, the handicaps, and the ambitions of the worker. Having the advantage of being on a common footing with them as a fellow employee, but r e n d e r i n g, without any thought of charity, as special a service as any machine tender, the workers readily understand that her interests are theirs.

In the plant the nurse may render many valuable services to her employers. Her records have shown ways of improving and strengthening their organizations. By seeing the benefits of a little attention to the care of health employers are led to increase such service. First aid and health work, beginning with one nurse, have time and again grown in a few years to a large department providing full time medical service with physical examination of employees and constructive work for the betterment of health conditions.

For the protection of the future of America, the welfare of girls and women in industry should be the special care of the industrial

nurse. She should be able, ultimately, to show by her records the types of work which cause nervous exhaustion or undue physical strain; she can do much by proving the poor economy of the employment of mothers of young infants and so help to keep for each young American his first birthright, breast feeding by his own mother. Even in prosperous communities the infant mortality rate is always high where many women are employed outside the home. Dr. Julius Levy, Chief of the Bureau of Child Hygiene of the New Jersey State Department of Health, shows that poverty is not the most important cause of infant mortality, but that any factor which separates the mother and her infant (whether employment in industry, or social life) by preventing the breast feeding of the baby, causes a high infant mortality rate.*

The industrial nurse will see other than health needs. Efficiency is so dependent on health, health and happiness are so inseparable, that she will also take an active interest in the recreational and educational needs of the employees.

Especially in the homes will her work yield results. More or less has always been done to educate foreigners in industry by means of settlements, societies, clubs, and night schools, but the foreign mother in her home had little general consideration. Hers has always been a heavy burden. Obliged to rear her family in a house unlike those of the homeland, with accustomed foods of prohibitive price or impossible to obtain, surrounded by opportunities she does not recognize and temptations she does not understand, it is no wonder that her children sometimes lack the health of their parents and often fall short of good American citizenship. The industrial visiting nurse reaches these mothers. Coming when she is needed, she is welcomed and her next visit is anticipated with pleasurable expectation. Having already seen the household at its worst, the nurse is treated with little reserve and is consulted freely on any subject, from how to manage schooling for the eldest child to the best way of keeping the children off the street or how to get good milk for the baby. The nurse who is alive to her opportunities for service will not be found wanting. If suitable means for recreation and education and a good milk supply are available, she will be able to advise. If they are lacking she can provide concrete instances for use in pointing out the local needs.

For their communities industrial nurses have been the indirect means of securing schools for foreigners, settlements, visiting nurse associations, child hygiene

*Education and Economic Adjustment for the Reduction of Infant Mortality. Dr. Julius Levy, the National Conference of Social Work, 1919.

stations, open air schools, health leagues and medical inspection in schools, industrial clinics, better housing.

How shall the industrial nurse meet her responsibilities and seize her opportunities? By cöoperation, first, with her employer, who, if she gives evidence of ability and if she is careful to show by means of facts, through her records and reports, the wisdom and economy of each step she takes, will allow her reasonable initiative and freedom to cöoperate with other department heads in the plant and who will aid and abet all she does to become an efficient employee and a helpful friend to her fellow workers, a capable assistant to the industrial physician, and a good American citizen.

New Allies in Public Health

BY ELLA PHILLIPS CRANDALL, R. N.

THE public has too long looked upon the Public Health Nurse as a disease detective. The work of school nurses throughout the country has usually been rated by the number of physical defects the nurse reports, or has corrected. The efficiency of infant welfare nurses, also, has too often been judged by the number of cases upon their report sheets, rather than by the intensive preventive work done. It is, therefore, a matter of vital interest to us that the Child Health Organization has successfully launched an educational campaign to awaken the whole country to the crying need of health education.

The secret of the amazing growth of the work of this organization may be traced to the double source of a remarkable leader and a practical program. Dr. L. Emmett Holt, the chairman of the Executive Committee, revered by mothers and nurses the world over, is devoting the major part of his time to this movement. The program outlines the practical steps to be taken in each community to make sure that the public schools make health habits automatic in childhood.

Simple methods have been perfected, and attractively set forth in pamphlets, to enable the grade teachers to teach *health* in place of the time honored physiology dealing with such interesting, though detached, facts as the number of bones in the spinal column. We all of us submitted to this ancient scientific ritual in our youth, but how many of us realized, prior to this campaign of the Child Health Organization, that children were still burdening their minds with such useless medical facts?

Perhaps the secret of this practical program lies in the fact that two of the staff directors, Sally Lucas Jean and Marie L. Rose, are Public Health Nurses, whose years

of social experience have taught them both the childrens' needs and the teachers' capacity. The teacher, overburdened as she is with an ancient curriculum, and crowded classes, cannot be asked to take on another additional task unless her work is thereby lightened, and the children definitely benefited. It was thought at first that the teachers would be hostile to the following program, but the opposite has been found to be the case.

Program

A weighing scale is placed in every school.

Time is allowed every school day for the teaching of health habits.

A hot school lunch is available for every child.

Teachers are trained in all normal schools to teach health habits.

Every child's weight record is sent home on the monthly report card.

The Child Health Organization was founded only a year and a half ago, and yet, today, there is not a state in the Union where some key city has not established a part, or all, of the above program in its public schools. Teachers, when once shown the children's needs, are so far from resisting this additional class room work that they are developing—what both our nurses and teachers so vitally need —a sense of social responsibility. Individual teachers are working out ways and means of interesting school boards and boards of health in this new method of teaching health.

Think what it must mean to the school nurse to have her teachers making the health of the school child rank in importance with the 3 Rs! Think what it means to the infant welfare nurse to know that in the future her beautifully cared for babies need not grow up into "malnutrition" children, as too often happens now!

A new interest in the pre-school child is developing because this child health campaign has revealed the fact that a large per cent of children are seriously handicapped by malnutrition. We may look forward to the time when every baby health station will also care for the pre-school child. When this day comes the first grade teacher can welcome, each fall, a group of children with splendid nutrition, and whose physical defects have already been corrected.

Space does not permit a full discussion of the methods and achievements of these new allies of the Public Health Nurse. The literature prepared by this group gives practical facts and programs that should be invaluable to every nurse whose work brings her in contact with children. To all nurses, I would say, wherever you meet the work of Child Health Organization: Stop! Look! Listen!

The following publications can be secured from Child Health Organization, 156 Fifth Avenue, New York:

Weight Card—Showing proper relation between weight and height for boys and girls from five to eighteen. $1.10 per 100.

Demonstration Pamphlet—A report about twenty-five Food Scouts who grew strong while eating hot school lunches of the right kind. $11.00 per 100.

Tag—Used in weighing contests, to carry health truths into the child's home. $1.10 per 100.

Standards of Nutrition and Growth—$5.50 per 100.

How To Conduct a Nutritions Class—$11.00 per 100.

Child Health Alphabet—5c per copy, $5.50 per 100.

Single sets of the above material can be secured for fifty cents.

Other pamphlets published orginally by this organization, and now issued by the Government Reprinting Office, may be procured by writing to the Superintendent of Documents, Government Printing Office, Washington, D. C. Remittances must accompany orders:

Teachers' Service Booklet No. 1, and Class Room Weight Record, 5c for each first copy, 1c for each additional copy.

Diet for the School Child No. 2, Summer Health and Play School No. 3, and Teaching Health No. 4, 5c for each first copy, 2c for each additional copy.

Making Better Babies

BY LAURA M. GREEN

Assistant Superintendent, York Visiting Nurse Association

LAST summer, during the months of June, July and August, the York (Pa.) Visiting Nurse Association carried on some intensive work on behalf of the babies. The town of York has a

A COLORED BABY CLINIC

population of 58,000 to 60,000; it was divided into five districts and baby clinics were held in each district. These clinics were conducted from three to five every afternoon except Saturday and Sunday, in the school houses of the different districts, each district having one clinic a week. There was an enrollment of 386 babies, with a total attendance during the summer of 996; the daily average varied from twelve to thirty babies.

A branch clinic was held in Spring Grove, Pa., a town with a population of 1200. This county branch had been started in January 1919, as an extension from the York Visiting Nurse Association, with one nurse to do bedside and instructive nursing. Eighteen babies were registered at the summer clinic, with a total attendance of 48.

At the close of the summer a baby show was held, at which the babies were given souvenirs, and mothers. Prizes were given to the refreshments were served to the youngest baby present, to the baby which had been most regular in attendance during the summer, to the baby whose mother had been most co-operative and had paid most attention to the advice given at the clinics, and to the heaviest baby under one year of age. The attendance of babies at the show was 199 from the York districts, 35

NORTH YORK BABY CLINIC

from the branch clinic and 26 at the colored baby show.

The pictures, showing the happy, healthy faces of the babies and the smiles of the mothers and "Little Mothers," bears eloquent testimony to the successful work accomplished through the clinics.

Class Demonstrations in School Nursing

As given in the Cleveland School of Education

THE desirability of having class demonstrations for the school nurses has often been discussed by the nursing staff of the Cleveland Board of Education; and in February of this year it was found possible to inaugurate a series of demonstration lessons and discussions as an experiment. A series of lectures on the underlying principles of pedagogy had been given to the school nurses shortly before, by Professor George E. Carrothers, Asst. Dean of the School of Education, and the class demonstrations afforded an excellent opportunity to put into practice the principles laid down in these lectures.*

The lessons were given on Saturday mornings, in the dispensary of the Observation School of the School of Education, the plan followed being to appoint one of the nurses to give a demonstration lesson to a class of children in the presence of the rest of the staff. The lesson lasted for about half an hour, the children were then dismissed, and half an hour's discussion of the lesson, by the nurses, was then held. Suggestions as to the lines which the discussion should follow were drawn up by the field supervisors, and included such considerations as: Did the demonstration hold the interest of the children? Did the nurse get the lesson across? Had she organized her subject well? Was each step well thought out? Were the questions good?

Perhaps the most interesting part of the demonstration was the use of health posters, some of which are reproduced here. Edison has said that "The quickest way of learning is over the optic nerve"; and this principle was applied in each lesson. Four demonstrations were given, one on each of the following subjects:

1. Tooth brush drill. With use of posters, a lesson was given on the right way to use the tooth brush, and pictures were shown illustrating well cared for teeth, and then teeth which had been neglected.

2. Health Posters as an Aid in Health Education. The nurse who gave this lesson had prepared a number of posters with the aid of

*An article on this subject, by Mr. Carrothers, appeared in our issue for June, 1919.

some of the children, to illustrate her subject. The pictures were so successful that later art paper was given out to all the nurses, who then interested children in their own schools to make similar posters illustrative of various health lessons.

3. A Well Dressed School Child. The first poster showed a very neatly dressed school child. It is a pedagogical rule that the positive side of a subject should be laid down and impressed first; and therefore it was only after all the different points in the appearance of the well-dressed child had been commented upon and studied that the reverse picture of a child with broken boot-laces, missing buttons, unfastened collar and a general appearance of untidiness was given a brief exhibit.

4. Handkerchief Drill. The handkerchief drill has now become so popular with the children that in many of the first grade and kindergarten classes it has been taken over by the teacher. In some class-rooms it would be impossible for anyone to enter—not even excepting the principal—without first producing a clean handkerchief to the monitor on guard at the door.

Perhaps the most important effect of these demonstration lessons and discussions has been the realization by the nurses of the necessity for thoughtful preparation of their health talks. Many school nurses are apt to think that because the talks are to be on subjects with which they are well acquainted it is not necessary to spend time on thinking them out. Discussion and criticism of a lesson, however, soon shows the importance of a carefully made plan and sequence, if a talk is to be effective.

The interest of the children in the posters has been very great; some of the art teachers have been very cöoperative and in certain of the classes the children are now making posters on health subjects as part of their class work.

"It is apparent to careful students of school health work that the teacher should have the benefit of the social and community methods of the best hospitals, clinics, and social workers; while it is equally necessary that school physicians and nurses should have the benefit of the best special training made available for teachers in universities, colleges, and normal schools."

—Dr. Thomas D. Wood.

A

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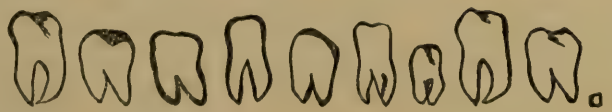

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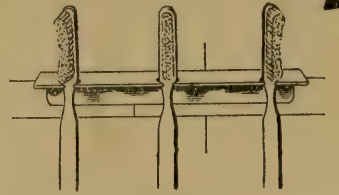
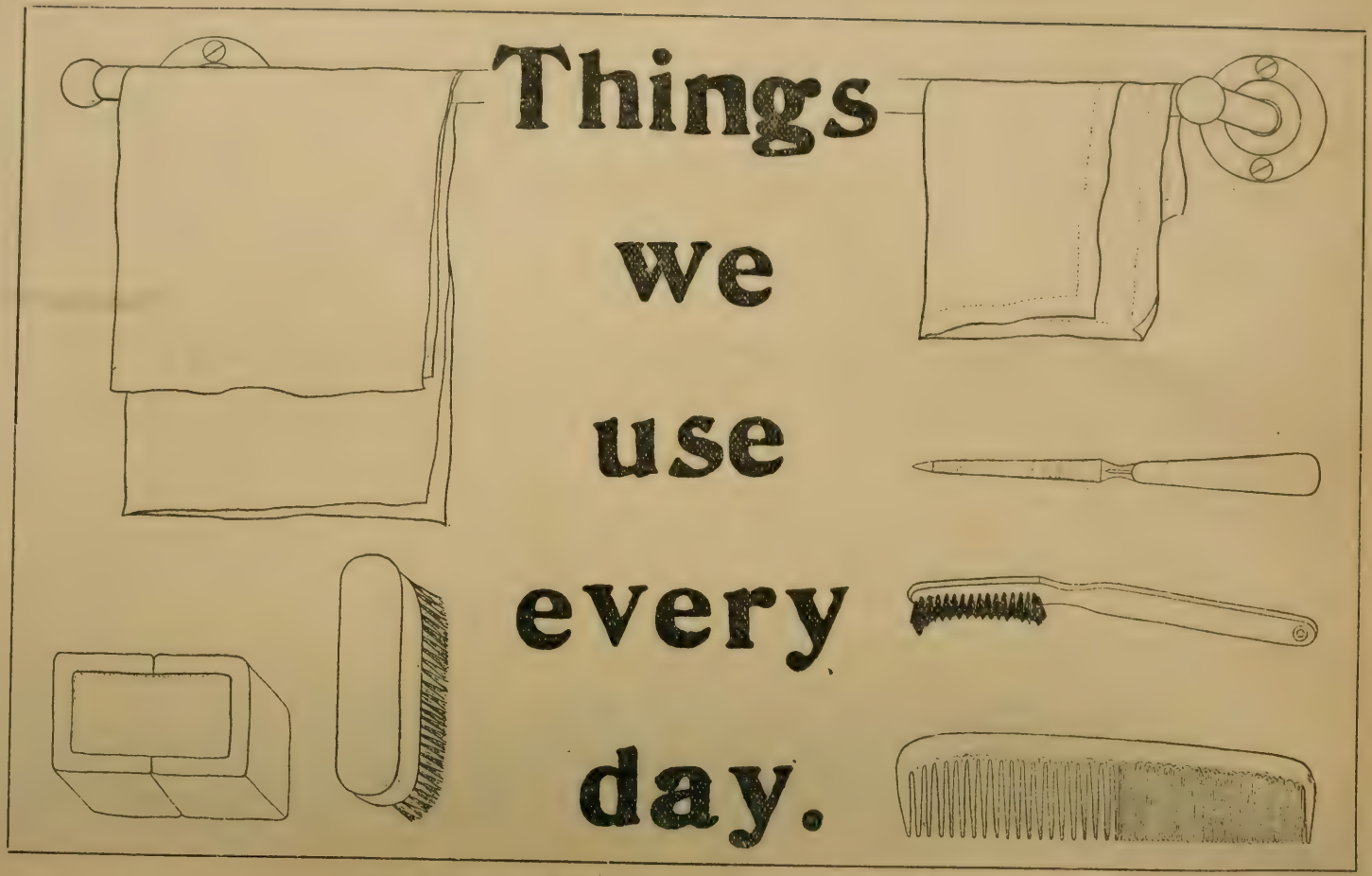


USE YOUR OWN BRUSH.



POSTER USED IN THE CLEVELAND DEMONSTRATION CLASSES

The House By the Side of the Road

BY ALICE J. WHITTIER, R. N.

EDITOR'S NOTE: The writer of the following paper has done a remarkably fine piece of Public Health Nursing work in Delaware, Ohio. Miss Whittier personally attends births and leaves the aftercare and continuous care to one of her "assistants," or, to use a name better understood, perhaps, by most people, although disliked by Miss Whittier, attendants. The accomplishment of the work described would have been impossible had not its organizer been gifted with the ability to make other people assist her regularly. The volunteer helpers are given very positively to understand that if they are to be of assistance, their help will necessarily have to be regular. We might add that Miss Whittier has been successful in recruiting several very fine women for the nursing profession.

SOME twenty years ago a young girl was asked, country fashion, to come with an older woman to "set up" with a neighbor very ill with typhoid fever.

The sick one was the beloved mother of six grown daughters besides several sons, all of whom (besides the two neighbors) thronged the comfortable house, all talking, and all eagerly doing the wrong thing. The physician came and went, but the bustle and tears and talk never ceased.

The tired mother slipped away out of it all. But the girl hid all these things in her heart and pondered on "The Thing That Was Lacking." Not money, nor a physician, nor willing hands, nor love abundant and worshipful—but all helpless and useless for the lack of—what? And the girl still remembered through the years of training in a hospital of a great Eastern city, and through other years of experience in many cities and more than one land. I was that girl.

In the fullness of time, on a visit home, Miss Charlotta A. Aikens interested me in the work being done in Detroit, Michigan. After visiting with the work some weeks, I spent six months in Eastern cities and towns, observing and taking part in several organizations partly supported by the Thompson Fund and encouraged by Mr. Richards M. Bradley of Boston. The thing these different associations were trying, with more or less success, to bring forth seemed to me *The Thing* I had so long blindly sought for. Hence enthusiasm mounted high, and pleased Mr. Bradley, who did me the great honor of believing in my good intentions enough to offer one-hundred dollars per month, for one year's support, if I could start an organization and work on similar lines in my own town.

On October 10, 1915, I came home, a stranger, to an old conservative college town of about nine thousand native Americans, and perhaps a thousand others.

One man had been actively busy in civic betterment, prevention of fly contagion, etc. To him Providence sent me first. He welcomed the idea and helped in every way; then I was sent to the State Department of Health from which constant help and encouragement came. So, day by day, getting appointments by telephone, by little articles in the local newspapers and talks before any organization whatsoever that asked, I pressed the idea. Mainly, however, by getting an audience with worth-while people and talking until they saw "The Idea," and a little of the *need* of it.

On November 30 we organized, and on January 1, 1916, the doors of the Delaware Health and Welfare League opened. We rented a large square room with a smaller one and a bath adjoining, in a private house, for $15.00 per month. I boarded with the owner of the house, using the small room as bed room, the large one as office. As I decided that the $100.00 per month from Mr. Bradley should cover rent as well as salary, we got on nicely enough although we began with only a few dollars in the treasury. We purchased furniture, chosen for its simple lines as well as lasting qualities, on thirty days credit. The money came before the thirty days were up, and from that day to this we have had no debts or embarrassments.

Some work came in during that first January, which I did between furnishing and arranging my rooms, and still talking with all who would listen. By February I was busy with visiting nursing, and had formed a Home Nursing class of six women, which from natural attrition dropped to four. In March, I took up school nursing—a week in each of the four grammar schools. Beginning with the first grade, I examined the first three grades in all four schools, and gave several health talks in each.

In May we elected a permanent Board of Directors for the Health and Welfare League, nine men and nine women, three of each to go out each year. It elects its own officers yearly, and this balance of power has been retained and has proven its wisdom, and never could a board be more harmonious and helpful than our own. The Board as a whole constitutes the executive committee, and all meet with the Superintendent at the League Rooms the first Tuesday of each month. All matters are settled by them except the matter of dues, and yearly election of six new directors. This is done at an open meeting of all League members. Anyone paying one dollar became an active member (a later action made it two dollars) five dollars a contributing member, and ten dollars a sustaining member. One hundred dollars from any organization made it a corporate member and entitled it to add a

Director to the Board from its own number. The Civic League did so, and later the Delaware Garment Co.

The Superintendent engaged any assistance needed, collected all nursing fees, and paid over all moneys received by her to the Treasurer at the end of each month, at the same time receiving her salary, that of her asistants and a Cash Box or stated sum for incidentals. This allowance began at ten dollars and is now fifteen dollars per month,—nursing bag supplies, telephone, gas, and street car fares are the major part of these expenses. The Treasurer pays all large sums, printing, stationery, etc.

In June of this first year we took up Metropolitan nursing and, although we find the Metropolitan records trying, it is good discipline, and the work gives one entry into just the homes we wish to reach, while the monthly check of from twenty to one hundred dollars is a good help to finances.

I have tried to keep my clerical work simple; a blank scratch pad is kept beside the telephone, and a second one by the telephone over my bed. On the office pad all calls are noted, and in it the assistants write out a detailed report each night. A daily tally sheet from the State Department of Health is pinned on the wall and all visits chalked up at night. All money received is dropped, with the date, amount and source, into the tin "Receipt Box." All small expenses are taken out of the similar "Cash Box" and a printed voucher filled out and dropped in. This is all left until near the end of the month when I collect, correct, and record all expenses and receipts on their proper page in the cash book, and on the first of the month turn over all receipts to the Treasurer, with statement of expenses, salaries, cash box, etc. I write out a careful monthly report for the Directors' meeting, and from this I make out the monthly report to the State Department of Health, and also the details of the Metropolitan Report. I also keep a card file of all patients visited.

We have tried to keep the work on the main lines of visiting nursing, prenatal and class instruction, school work, the keeping of a register for anyone who will nurse or indeed do any sort of work in the house, and the training of local women (not young girls) to a better nursing service at home; though we are asked and attempt to do everything, from finding a cook to chloroforming a cat, and that at all hours of the day, and sometimes night, inasmuch as birth and death will not wait on the clock. Lastly, we have taken up Red Cross instruction in Home Nursing which means more work and another monthly report.

With the opening of the second year, we had grown beyond our first quarters, and someone *always* within hearing of the telephone

had become imperative. Hence the present six-roomed half of a double house was rented for eighteen dollars and seventy-five cents, and a housekeeper engaged. It is easy of access by trolley, and just at the corner where business and resident sections meet. The night telephone is as before, over my own bed. The first of the four women to join my nursing class now became my loyal assistant, at forty-five dollars per month, she boarding herself. Of the other three, one married, one moved to Cleveland, and one is doing good work in Delaware.

Mr. Bradley made us a visit and thought the work worth his support the second year. At the very beginning of the work we tried to enlist the support of the physicians of the town. Three of them have actively helped the work, the majority have been indifferent, and a few aggressively belligerent.

We formed a cöoperative committee of one physician, one dentist, one representative each of Mother's clubs, school principal, Civic League, Welfare League, etc., as an advisory board under which to do school work. And the second winter we examined all of the eleven hundred children of the grammar schools. It is a question which is most surprising, the number of children needing a physician's or dentist's attention, or the large number who took the advice of the school nurse and secured such attention.

A second class in Home Nursing was organized, two members being college women. One of these is now a valuable assistant, and will later take full training. As an experiment, a class of six colored women was begun. Three of these stayed with the work a year, and later did good work in Red Cross classes.

With American entry into the war a great demand arose for instruction to "Nurse's Aids." I was appointed Instructor and also County Supervisor of Instruction.

I have given ten classes in "Elementary Hygiene" and "Home Care of the Sick." Two of these classes have been high school girls; two college girls; two, town women; three county women; and one (16) colored women. I am at present instructing a "Home Nursing" and a "First Aid" class.

Out of these two hundred women and girls about eighty have passed the examinations, receiving their "Nurse's Aid" certificates. During the great epidemic these have done invaluable work. A few have gone to army hospitals and camps for full training. Some have gone out into other towns to help.

Since January 1st, 1918, we have been financed locally except for a gift of one month's expenses from Mr. Bradley. This has been done by dues, nursing fees and free will gifts. So we have completed our third year, going strong, and with more in our treasury than last year at this time.

I have given you none of the "interesting cases"—they would furnish volumes. In less than three years I have personally seen the four months' baby that had been given a cucumber pickle; the five weeks' baby fed with bananas and raw tomatoes; the baby that had been given wine and molasses to cure "sore mouth;" the baby with ophthalmia neonatorum whose family physician ordered tea as a cure, and many others.

For the future we plan to extend more and more our work into the whole county, especially in school work and talks on practical hygiene; also in classes in home nursing, and first aid, and first aid to babies. We expect to see materialize a co-ordinated nursing unit in every county in Ohio under a County Superintendent, and those in turn under the State Director of Nursing. Each unit to include a day and a night visiting nurse; faithfully trained, experienced women of fine vision and broad mind; also a specialist in prenatal teaching and infant feeding; two school nurses, the one teaching regularly from school to school as a drawing teacher does, the other doing physical examination of the children, with home calls on parents—*possibly* being also truant officer; fourth a body of trained practical nurses who nurse in the homes under direction and teaching of the Superintendent, who teaches classes, supervises the work, and keeps it in touch with the public. There will be a register for all who will do nursing or housework of any kind, with free instruction of course.

Oh, yes! I see school dispensaries, and baby clinics, and preschool work, a trained nurse at the birth of every future citizen of Uncle Sam's. For *this* is the big thing now that the war is over; the thing worth working for, the Democracy of Nursing. This shall make the world a safe, happy place to live in. For whether is it greater, to kill or to make alive; to construct or to destroy? We believe "The House by the Side of the Road," with the spirit of helpfulness made flesh, which will not only *tell* you how but will come and help you *do* it, is "*The Thing That Is Needed*," the Mother-in-General.

Care of the Tuberculous in Coos County, Oregon

BY CECIL SCHREYER

Coos County Public Health Nurse

AT the beginning of the Public Health work in Coos County, one year ago, a survey was made and all the tuberculosis cases were visited and reported upon to the State Association. This work was organized and carried on the first six months, as a demonstration, by Miss Jane C. Allen, of Portland, under the direction and at the expense of the State Tuberculosis Association.

Information is obtained from physicians or lay people, and all cases so reported are investigated. We endeavor always to work in cooperation with the medical profession of the county, and ask their assistance in solving all problems of a social nature in caring for the patient or his family.

In spite of the fact that Coos is essentially a rural community and there is no crowding into tenements, as in a large city, we have our housing problem also, because so many families live in small one or two room cabins with inadequate lighting and ventilation. Often the men, even though they do live on a ranch, work in the lumber camps or sawmills, leaving the work at home for the women and children to do. As a consequence the women are overworked and the houses are improperly cared for. The sanitary conditions are bad and the water supply, coming for the most part from a spring on the hillside, is open to contamination from any campers, stray wanderers, or even from the cattle of the families who depend on this spring for their domestic supply.

Though Coos is the foremost dairy county, and produces more cheese, butter and other dairy products than any other county in Oregon, it is next to impossible to obtain fresh milk unless one owns a cow. We find a large per cent. of our school children are undernourished. An almost unbelieveable proportion suffer from adenoids and enlarged tonsils, and apparently there is a happy disregard of the benefit to the children of well-kept teeth. All of these conditions naturally predispose the children to an infection of tuberculosis, and we find many of them with the beginnings of the disease.

As soon as a child, or an adult, who seems to show any signs of tuberculosis, comes to the attention of the nurse, her first thought is to refer him to his family physician. At the same time she begins instruction in home and personal hygiene, demonstrating special rules to be observed to prevent the spread of the disease. She outlines a routine for the patient to follow, while awaiting the advice

of the physician, as a first step of the journey on the road back to health. Many times the nurse finds her advice falls on very unreceptive ground. People have, seemingly, a great horror of fresh air, especially that air which is abroad at night, and also a profound disbelief in the superior knowledge and experience of their adviser. By persistent hammering on the same thought and frequent calls on the family, we can, however, see the tiniest gain in influence. Perhaps the window has been opened an inch or so, then the nurse is greatly cheered and settles down for another gain. Public Health Nurses should appreciate the feelings of the members of a football team during a strongly contested match.

We do not attempt to give a great amount of instruction at any one visit, but add a little each time we call, repeating what we have already said in previous visits, hoping that eventually the patient and his family will have a fairly comprehensive knowledge of his needs and the method of supplying them, and of their danger and the necessity for taking certain precautions. We also leave literature for leisurely and repeated readings.

Often after the patient is on the high road to health the visit takes on another character, as in the case of Mrs. J———, who has been ill about three years and has spent a number of months in a sanitarium. She is growing tired of her treatment and the daily rest period has become monotonous. The friends of the family urge her to join their activities, and protest against her keeping up so long the isolation from their amusements. Under these conditions she finds added pleasure and relief in the nurse's friendly visits, and renewed encouragement in her efforts to again be well and strong.

Visits to Miss C———, a girl of 16 years, take still another phase, for, although she has been ill for more than a year, and is now on the high road to health, the neighbors are so afraid of infection that they have nearly all stopped coming to the house, and the family live a lonely and semi-isolated life. Here the nurse's visit is a real event and thoroughly welcomed by both the patient and her mother.

If we find the wage earner the victim, and it is necessary to supply material relief, that is found through the assistance of the local committee of the Health Association, or some good neighbor of the family. Linen is supplied from the nurse's loan closet, and other needs are promptly supplied. As an illustration of this readiness to respond to calls of distress I wish to tell you of a family that was brought to the nurse's attention, though on the other hand it also shows the lack of appreciation on the part of the family.

The H——— Family was reported as all being sick with "Flu."

The nurse investigated and found father, mother and four children (the oldest under 10 years of age), sick in bed. The home was in a wretched condition. Built of new rough lumber, unpainted, it contained three rooms—a kitchen, living room (if it could be so called), and a large bedroom with two doorways, which appeared to have been intended originally for two rooms, but having no window openings at all. The kitchen boasted of two window openings, with the sash nailed fast into one and the other boarded over. The living room had one window, also fastened shut, and a door. The house was extremely dirty and had insufficient furniture, as is the case with so many of our poor rural homes, and the children were without clothing.

The nurse immediately called upon her Association, who, with the Pythian Sisters and the Home Service of the American Red Cross, sent in groceries, clothing and a sewing machine for the mother to use, when she was able, in remaking clothing for the children. Some furniture was also sent them, and two window sashes, already glazed, to put in the bedroom. (The relief party made one mistake—they neglected to send along a carpenter to install the windows). With the co-operation of the city health physician, the family recovered from "Flu," and though the father developed a cough suspicious at first of tuberculosis, it did not result seriously. The family moved from the house to escape the visits of the nurse, but were physically all right. The last time the nurse called the house was vacant, and the *windows were still lacking in the bedroom.*

If for any reason it seems better, after consultation with the family physician, to send the patient to a sanitarium, the nurse first cares for the problem of obtaining the consent of the patient and family, and then, when this has been accomplished, supervises the transfer of the patient. We often find this is the easiest way of teaching the patient how to care for himself, and is the quickest way to start him on the road to improvement. Even after the patient has gone away for treatment the family is visited and instructed in means of prevention. Children are watched and their diet supervised. Mothers are urged to give them plenty of milk, and the nurse has been promised a fund from which milk may be supplied to families who would not otherwise have an adequate amount.

Our work in Coos County does not reach all homes, nor does it give the perfection of care in the homes that are reached, but we are trying, so far as is possible, to prevent the spread of tuberculosis. One nurse for the general care of all the county's health problems, and the health campaign in most of the schools, cannot hope to provide adequate care in the home, but she is striving toward an ideal.

A Township Visiting Nurse

BY LENA COLEMAN, R. N.

THERE are no limitations to the duties of the township visiting nurse. Now the visiting nurse may or may not be entitled to the name of Public Health Nurse, nevertheless there is no branch of public health work which the township nurse passes by, for she is called upon to aid in all sorts of emergencies, from assisting the physicians in patching up a patient after he has been gored by a bull, to aiding the health officers in combating an influenza epidemic. She is the teacher of Little Mothers' League classes for girls, and Home Nursing classes for groups of women. The township nurse is the pioneer in her field, for she demonstrates the value of school nursing, and ferrets out the tuberculosis cases, and secures the examination of contacts. She also paves the way for other nurses in the field.

The first nurse employed in the Village of Harrison, Westchester County, seven years ago, was a visiting nurse. Her work led up to the employment of a nurse for the five public schools of the township two years ago. But, still, there were sections in the township which needed a visiting nurse, so nine months ago the Town of Harrison Nursing Association was formed, and another visiting nurse was employed. The township was then divided into two nursing districts with a visiting nurse in each, and a school nurse to cover the work of all of the schools in the township.

With the districting of the township, it has been possible to give more attention to the instructive side of the visiting work. True, the daily rounds must be made, and the first attention given to the care of the sick, but there has still been more time for preventative work. The health of the child of pre-school age has received more attention; mothers' conferences have been held at the child health station; more work has been done along pre-natal lines; and occasional clinics for the diagnosis of tuberculosis cases have been held in each district, with a lung specialist as examiner at each of these clinics.

A child health exhibit has also been held for two days in each district, and one of the chief features of this exhibit was the seven reels of health films which were shown at the evening meetings. These meetings were largely attended, as many as 500 persons being present at a single meeting.

One class in Little Mother's League has been graduated, and this event was made an occasion of considerable importance. Invitations to the graduation exercises

(which were held at the Visiting Nurse House) were issued by the members of the League to their parents, and also to the members of the Town of Harrison Nursing Association. At the close of the exercises refreshments were served and a social hour was enjoyed by all.

The Little Mother's League classes will continue in their work, for now they are receiving instruction from the Home Bureau Cooking Instructor in making bread and cake, and later, the two leagues will compete for the $25 prize which has been offered by a private citizen, to the district exhibiting the best home-made bread and cake. This cake and bread exhibit will be a big affair and is to be held at the Community House.

Although the major part of the time of a township nurse is spent in bedside nursing, nevertheless she never loses sight of the fact that she is the health officer's assistant and as such she keeps her eyes wide open for the first appearance of contagion in her district, and also for all unsanitary conditions which may menace the health of the individual or the community at large. All of these she brings to the attention of the health officer and then assists in bringing about normal conditions.

The township nurse lowers the infant death rate, and saves mothers in child birth, by seeing that they have the right pre-natal instruction and care. She reduces the spread of all infection, including tuberculosis. She makes arrangements for hospital care for those who need it. The township nurse is the teacher of public health in her district, and by preventing illness reduces the number of cases of dependency. The township nurse also renders valuable assistance to all other social agencies in her district through cöoperating with them in their several fields of work.

Visiting nursing is only one of the branches of the great field of Public Health Nursing, but the township visiting nurse covers one of the broadest fields in the health nursing work. The opportunities for service are unlimited to the young woman who enters this field with a good training in some public health nursing school as a background, a sound judgment, a clear vision and the right spirit.

What They All Say About It

BY FLORENCE SWIFT WRIGHT

Supervisor of Midwives, New Jersey State Department of Health

A BABY died in Passaic. Report said "sore eyes and a midwife case." I went to see the mother expecting to hear a sordid tale of ignorance and neglect. I found a three-room tenement with two windows, both open, but admitting little air or light, immaculately clean and presided over by a clean, wholesome Polish woman. I told her the State Department of Health wants to make this a better country for Polish women, so that when their little girls grow up, they may not lose their babies, and I asked her to tell me all about the trouble she had had with her own last baby. She said, "Yes, I have much trouble. I lose my one boy but I think no one could help. I have a good midwife. She is clean and she puts the lawful drops in the baby's eyes. When the baby's eyes became sore, she made me get the doctor right away. She stayed till he came and she called three times every day to make me do right for the baby's eyes. The baby's eyes got well, but my baby, he was blue always, and he died long after from the blueness. He had a doctor and the Baby Nurse came always."

The little daughter, thirteen years old, acted as interpreter. She was dressed in holiday attire and told me she was going to the christening. I wondered at a christening on Wednesday. I was invited to go, and accepted the invitation.

But the ophthalmia case had not been fully investigated and I went to see the midwife. She is a clean woman in a pleasant home. She thought perhaps she had been somewhat in fault about the baby's eyes. The baby was born at two o'clock in the morning and she had had to work by one small, smoky lamp. She was not sure that the drops had gone into the left eye as the inflammation began there. She rejoiced that the eyes did not develop badly, and said that it was a lesson to her to be careful. I mentioned the good time the children were having down the street and she told me her little daughter was acting as god-mother. The midwife says that the Child Hygiene nurses help her with her patients, because nurses and midwives tell the patients the same thing, and the patients think it must be true, and everyone loves the nurses.

Then I talked to the nurses and they told me how much this midwife helped them with their patients; that she brought mothers and babies to the Baby Station; that she always told her patients to expect the nurse, and to do just

what the nurse said; and that she taught her patients exactly as the nurses taught them.

At last I reached the christening. About one hundred little girls were gathered together, their faces beaming with interest and happiness. All the people in the neighborhood were talking, and what they were all talking about was:

ANITA TRENTON!

It seems that in Passaic, N. J., there is a little girl who is always good—that is, provided one holds her in one's arms as she should be held; body straight and head high. If she is made to bend over, body bent and face down, as a child should never be held, she cries.

This little girl has one hundred and twenty-five mothers—a very unusual number of mothers for a single child to have. But then she is a very unusual child. And all her little mothers—her mothers being all little—fifteen years old or even less—which may seem shocking until one learns the whole truth—are very fond of the extraordinary child.

Recently, this little girl, loved of so many mothers, has been christened. Her name is Anita Trenton. *Anita* because the majority of her little mothers are of Polish descent, and Anita is a popular name among Polish people. *Trenton* because she was born in Trenton, N. J.

For months ahead of the date set for the ceremony, Anita's little mothers spent their evenings cutting, sewing, embroidering clothes for Anita that she might look nice and wealthy on the day of her christening. So, now, she has quite a wardrobe. And she has toys, too; little china sets and dominoes and miniature games of checkers and chess which her little mothers gave their loved one.

Flowers were brought and a victrola played and cakes and ice-cream were served after the ceremony. All the little mothers sang and danced. And all were happy and merry and gay. And all gave a glad thought of thankfulness to Dr. Julius Levy, head of the Bureau of Child Hygiene of the State Department of Health who is Anita Trenton's only father. A terrible thing, perchance, and very wicked that a baby girl should have so many mothers and just one single, solitary father.

Oh, well—Anita Trenton is a doll, you see.

To stern, cold, grown up minds, Anita Trenton is but a demonstration doll, who cries mechanically when she is not held as she should be held—and there are quite a few of her sisters, loaned to various Baby Keep-Well Stations throughout the State of New Jersey, that mothers, big and little, may learn how to hold and dress and handle their babies.

These dolls have become the much loved pets of "Little Mothers Clubs," and this christening of

Anita Trenton is quite a delicate child idea.

The Little Mothers' teachers in the Science of Motherhood were all invited. Dr. Ryan, health officer, was guest of honor. Mrs. Laura Leffert, Board of Health Nurse, and Miss Mary Lawrence, Welfare Nurse, and Miss Charlotte Ehrlicher, State Supervisor of Nurses, were all present.

And all were mighty proud to be there, and very happy amidst so much happiness, which, through unremitting efforts and much self sacrifices they had themselves created.

For they had helped organize the "Little Mothers' Club."

My heart was light as I went home. I have always known that the midwife could be made a foundation stone in the Child Hygiene structure. What they all say about it in Passaic justifies my faith.

Public Health Work in Ireland

BY ANNIE MICHIE

Superintendent, Queen Victoria Jubilee Institute, Dublin, Ireland

PUBLIC health or preventive work is more or less in its infancy so to speak, in Ireland. District nursing on an organized basis was little known before 1887, when on the Jubilee of the late Queen Victoria it was given an impetus. A sum of money was then collected in this country; a General Superintendent was appointed; and arrangements were made to give fully-trained nurses, who were selected to work amongst the sick poor in their own homes, special training to enable them to adapt their hospital experience to their new surroundings.

Two Homes were established in Dublin, and a Superintendent appointed to each, who, in addition to the general management of the Home, was able to give the nurses practical instruction and demonstration in the discharge of their duties. Courses of lectures were given on different subjects, bearing on the nurses' work; the nurses were examined and expected to pass an examination at the end of each course, and a qualifying examination before being finally enrolled as Queen's Nurses.

The money for the support of these nurses has been raised entirely by voluntary subscriptions until the last two years, when, in certain districts, it has been subsidized by public grants.

The National Insurance Act was passed in 1911. This Act gives power to certain Public Authorities to give grants for the domiciliary nursing of tuberculosis cases. Certain districts employ a full-time nurse, others give grants varying from £7.10. 0 to £30. ($36 to $150) to local Nursing Associations, and the district nurse (who has always done the actual nursing of these cases, even when a full-

time nurse is employed for visiting and supervising them) is recognized by the Public Authority as a part-time official. To show that this money is properly spent a representative of the local authority is generally asked to serve on the Nursing Committee. The Local Authority has power, under the National Insurance Act to give grants for milk or other nourishment. This is a great help in poor cases, often the patients improve in a marked manner, both in health and surroundings when they are under this treatment. The nurses wage a continual warfare about open windows, and where possible insist on a separate room, as well as a separate bed, and are able to give much useful advice to contact cases, about their own health—isolation and disinfection, and to supervise things in general.

The Infant Welfare Act was passed in 1916. Under it the various sanitary authorities have power to employ a full or part-time nurse to carry out the scheme. Where a part-time nurse is employed, the local authority has power to give a substantial grant, and to give a grant for nourishment to ante-natal and nursing mothers, to give milk to infants and nourishment to children under five years of age. It is necessary to strike a special rate for this work. Local authorities often hesitate to add another burden to the ratepayers, and so refuse to have anything to do with it. Where this happens the local Government Board have in many places given a grant up to £25 ($125) per annum to the nursing associations, and the nurse carries out the scheme. The disadvantages of this are that the nursing association gets a smaller grant than it would do if the scheme is taken up by the local sanitary authority, and the grant for nourishment is lost, as the Local Government Board has no power under the Act to give grants for nourishment. Many of our district nursing associations have established clubs for the working class mothers. A doctor is paid a retaining fee, visits weekly at the club, and gives advice to the mothers about their own health and that of their infants and children up to 5 years of age. The infants are weighed, and a record kept. One of the most useful institutions in connection with these clubs is the supply of milk to members—not only are they able to buy it at a reduced rate, but in many districts it is the only means they have of getting any milk at all.

The mothers are given simple talks on health subjects, are taught how to cut out and make garments, and how to do simple cookery, and the food values. When sugar was strictly rationed, an extra supply for infants could be bought at the club. Virol is also sold. One of the most valuable institutions in connection with the clubs for mothers is the establish-

ment of boot, coal and clothing clubs; the members are allowed to pay what they can, and will, per week, and when the article is fully paid for they take it home. This teaches them thrift and self-respect.

In many of the congested areas, and mountainous districts, it is difficult, and nearly impossible, to have any sort of centre where the mothers can meet,—the distances are too great,—so the nurse visits them in their own homes, when the case has been notified. Her first visit usually coincides with the last visit of the midwife or monthly nurse, so that she may find out what instruction has been given, and if the advice is sound, an effort is made to get it carried out. Where the mother and infant appear healthy, and the mother sensible, a monthly visit, or even less, is considered sufficient during the first year of life, and fewer the succeeding years. Generally speaking the mothers appreciate the advice given, and do their best to carry it out, often under adverse circumstances.

The majority of Irish mothers nurse their infants. In the few industrial centres, where many of the infants are bottle fed, it is difficult to get them to give up the long-tubed bottle, but it and the comforter are gradually disappearing. There is no doubt, where the nurses are the right women, they have a good educational influence on the mothers. I have found that the nurses best suited for preventive work are women with a good general education, and who have had, in addition to their hospital and district training, midwifery and, if possible, practiced for a time amongst the poor. The midwifery enlarges their knowledge, their sympathy and outlook on life. They should not be too young, and ought to be able to give simple health lectures, as well as the more practical advice.

The nurses, as a rule, prefer to have this branch of health or preventive work in combination with their general sick nursing, and, where it can be done, I believe this is the best arrangement. The nurse will usually know all the mothers, having been brought into contact with them through her ordinary duties. She has their confidence, and they will listen more readily to what she has to say than to a stranger. Moreover, it does not add very materially to her work, as she can fit it in on her usual rounds. It saves time, strength, money and much overlapping, and from the mothers' point of view must be much better, as she need only listen to the advice of one, instead of several visitors; also the work is less likely to become monotonous to the nurse.

School nursing in this country is practically non-existent. It is being done in a few isolated districts in a way, but in only one is

it done thoroughly, as it is purely voluntary. The educational authorities have not troubled about the Act. Where it is being done it is greatly appreciated by the more enlightened teachers, who admit that the health of the children, and consequently the attendance at school is better, and the government grants are better. Efforts have been made to establish dental work. Some of the clinics are most successful and much appreciated. So far, no united attempt has been made to get this most necessary work done.

A Memorial to American Nurses

The Joint National Committee of the National Organizations of Nurses has addressed the following letter to the presidents of State associations:

THE Joint Committee of the three National Organizations of Nurses, has undertaken to raise funds for a memorial to the American nurses who died in the service of their country, the memorial to take the form of a building for the Florence Nightingale School of Nursing, connected with the Maison de Santé Protestante at Bordeaux, France. This admirable school, so heartily endorsed by many American and English nurses who know of the work at first hand, is greatly in need of funds for new and larger buildings, and is appealing to the American people for aid in extending its work.

While others will work for the hospital buildings, and their endowment, we wish to enlist the interest of the nurses of this country in securing funds for a building for the training school. It is felt, by all with whom we have had an opportunity to discuss the matter, that such a building would be the best kind of a memorial that could be raised in France and would be a living, growing tribute to the memory of our sisters and their heroic devotion to duty.

The general plan of the outline provides that each State association should be asked to undertake the collection of funds among the nurses within its own territory in any way that seems most practical to secure the desired results. The aim should be to see to it that every graduate nurse, and every pupil nurse in training be given an opportunity to contribute. It should be urged everywhere that the *small* contributions of the many are what we are depending upon to build this memorial, and that we want this to be a nation-wide expression of our sympathy and appreciation of the sacrifice made by our noble women.

It is suggested that a special committee might be created in each State composed of one or more representatives of the State

Nurses Association, the State League of Nursing Education, and the State Organization of Public Health Nurses, to take hold of this matter, supply information, send out the appeal, and receive contributions. If it seems better to carry on the work through the regular officers of the Association this should unhesitatingly be done.

Whatever method is used the main thing is to reach as promptly as possible all alumnae associations and local organizations, nurses registries and the training schools within the State. The Joint Committee has prepared, in the form of a small circular, a brief statement and appeal for use in reaching the individual nurse, and is having several thousand of these printed. A supply of these will be sent to the chairman of each committee, as soon as the name and address of the chairmen of committees is sent to us. Additional copies can be secured at cost from the Joint National Committee.

Machinery should be set in motion at the earliest possible moment upon any method of organization you may choose, in order that the campaign may proceed rapidly and be closed by December 1. The American Journal of Nursing has kindly consented to act as treasurer, and all contributions should be forwarded to that office, 19 West Main street, Rochester, New York. Please call upon the Joint National Committee for any advice or guidance which it may be in a position to give.

Sincerely yours,
Joint National Committee.

Representing the American Nurses Association

Miss Clara D. Noyes, Chairman Committee; President A. N. A.; Director, Department of Nursing, A. R. C.

Miss M. Adelaide Nutting, Director, Department Nursing and Health, Teachers College.

Miss Susan C. Francis, Director, Department of Nursing, Pennsylvania-Delaware Division, A. R. C.

Representing National League of Nursing Education

Miss Lillian Clayton, President, N. L. N. E.; Superintendent Nurses, Philadelphia General Hospital.

Miss Annie W. Goodrich, Director Nursing Service, Henry Street Settlement, New York City.

Miss Amy Hilliard, General Superintendent, Training Schools, Bellevue and Allied Hospitals.

Representing National Organization for Public Health Nursing

Miss Mary Beard, President, N. O. P. H. N.; Director, Visiting Nurses Association, Boston.

Miss Lillian D. Wald, Director, Henry Street Settlement, New York City.

Miss Ella P. Crandall, Executive Secretary, N. O. P. H. N.

Communications should be addressed to the Joint National Committee of the National Organizations of Nurses, 44 East 23rd Street, New York City.

Co-operation in School Nursing

BY ANNA L. STANLEY

Superintendent of School Nurses, Cleveland, Ohio

IN outlining a plan to serve as a foundation for the development of the work of the school nurse, one of the first topics to be considered is that of cöoperation.

*Cöoperation must be the keynote of all the school nurse's endeavors. This has been a pretty badly abused word, according to the light or want of light, of the individual. Its essential meaning is not to get the other fellow to do our work, but to work *with* the other fellow. To be intelligent and effective it must be based upon a personal relationship with individuals and a knowledge of the scope and limitations of agencies or organizations. If the nurse is going to cöoperate with the health board she must be thoroughly familiar with its sanitary code; if she is going to cöoperate with a social agency she must know what the particular job is that the agency sets out to do; if she is going to cöoperate with the family physician she must know him personally and convince him of her trustworthiness—in other words, take him into her confidence and let him see that medical inspection in no way interferes with his relationship to his patients, and not only this, but that it actually increases his practice. A perfect understanding between principal and nurse is most important. The nurse must possess a broad mental view and must be slow to take offence. Not infrequently, on account of educational supervision, the nurse finds her plan of work interfered with; it is then the part of wisdom to change her program for the time being, thereby showing her adaptability and gaining the good will of teachers and principals. Social visiting during hours of duty should be eliminated. The nurse's efforts will undoubtedly receive greater appreciation if she is business-like in her methods.

Coöperation with Principal

The principal should always be called by her name, and the nurse should pay her respects to her upon arrival in the building. Frequently the principal will want to consult with the nurse, and it is a good plan to have some little device, such as "Nurse In," "Nurse Out" to hang on the office door; a copy of the schedule should also be given to the principal, not only covering the time that the school nurse is in her building, but also that spent in other schools, in

*These preliminary hints in regard to coöperation have been collected from various sources.

order that she may get in contact when ever necessary.

It should be remembered, too, that the principal is the "Big Boss"—she is responsible for what goes on in her building. A tactful school nurse will let her think that she is bossing her work. As a rule, the principals are superior men and women and they do not demand the impossible of the nurse; each should be kept posted on what is being done and what is being accomplished, not in other schools, but in her particular school. When a correction is made, the principal should be told about it; and she should always be told before a child is excluded.

Coöperation with Teachers

Experience shows that the majority of teachers are more than willing to cöoperate in health work in the schools after they have been made acquainted with the mission of the inspector and the nurse. It is not at all uncommon to hear a teacher say, "Oh yes, we have a nurse in our building, but I never see her"; or, even worse, but fortunately not very frequently, "We do not have a nurse at all in our building."

One way to overcome this difficulty is for the nurse to make the acquaintance of every teacher in the school at the beginning of the term, by making a personal visit to each class-room. This little attention will mean much towards getting results. In this work we must never lose sight of the personal touch.

In some cities the pupils' health record card is kept either in the principal's office or in the school dispensary. The advocates of this plan argue that the cards are easily accessible to the nurse, thus saving time, and that the teacher is saved the interruption and disturbance of having the nurse come into the class room. Granted that it is desirable that the nurse save time and that the teacher should not be unnecessarily interrupted, still, if we are to get what we are aiming at, results, the child's health record card must be in the room with the pupil, and the oftener the nurse comes into contact with the teacher the better. What ever time the nurse or medical inspector may spend in becoming better acquainted with the teachers is time well spent.

Coöperation with Custodian

Do not order the custodian around and do not patronize him. He does not like the name of janitor—he, too, likes to be called by his real name.

In the beginning of this paper, the principle was laid down that social visiting during hours of duty should be eliminated. An exception may be made in the case of the custodian, however, and the nurse who takes time to have a few minutes' friendly chat about his personal affairs now and then, is the one who is most likely to

enlist his services in her behalf. Note how clean the dispensary is —that will usually provide a clue to the kind of cöoperation which exists between the nurse and the custodian.

Coöperation of Children

Once the nurse has obtained the confidence of the pupils the work is easy as far as they are concerned. No nurse can do school work successfully without a genuine love for it, and the youngsters can very quickly tell whether we are sincere or not. Great care should be used as to what is said in the presence of pupils, particularly at the time of physical examinations. We should never make fun *of* the children, but we can have fun *with* them. Do not hurt their feelings — remember, they are quite as sensitive as grown-ups.

Sometimes the nurse has to compromise—she can begin by persuading Johnny to wear glasses in school only; at other times, a straight, firm talk will do what is needed. We must remember that all children cannot be handled alike; we must take individual differences into account and try to win the confidence of each child.

Coöperation of Parents

As the children are the medium through which the parents are reached, if we have the confidence of the child the parents should be easy of access, especially if there is dire need of our services. Many parents, however, do not see the necessity of correcting defects that to them seem minor, but which the nurse knows to be very serious and which may, if not corrected, handicap the child through life. In such cases we must be patient, kind and sympathetic, having due respect for the superstitions of some, the traditions of others and the religion of all. We often hear how well a nurse controls her patient. Her control, beyond doubt, is based upon her ability to understand his need from *his* point of view. So with the parents. We must be able to get their point of view before we can expect them to get ours. Sympathy and observation will teach us to put ourselves in their places and to realize to some extent the mental suffering which it causes them to have their children undergo what to us may seem a simple operation. We should try to allay their fears and, at the same time, make them realize how important it is for the child to be given an equal chance with the well child to develop into a perfect citizen.

The first visit to the home is very important, for upon it often depends the success or failure to terminate the case satisfactorily. Tact and diplomacy are very essential qualifications for a school nurse. She will not always be received courteously, but quite often with arrogance, opposition or distrust. To persuade parents that, despite wealth, physical defects

may and do occur; to prove that medical school inspection is not meddlesome; or to allay the suspicions of some recently arrived foreigner as to the object of the visit, are only a few of the problems which we are required to meet constantly. Many nurses who cover the well-to-do section of a city find much time wasted in some homes waiting for mothers to prepare for their reception. Most nurses prefer to visit homes of the middle class, where the reception is cordial, combined with an intelligent comprehension of the reason of the visit.

The poorly educated or ignorant parent is not as hopeless to reach as might be imagined, for a plain, direct explanation of the defects found in the children and the harm that may come from the neglect of remedial measures usually secures the necessary attention. If a mother will listen to a nurse, who has been properly trained in her duties, a favorable result is the rule. Indifference or opposition by the parents calls for the use of good judgment by the nurse.

Promises to secure treatment are sometimes made by parents as an excuse to terminate the interview. Failure to fulfil promises after three or four visits can, as a rule, be considered equivalent to a refusal. It is surprising, though, how a persistent nurse, after six or eight calls on a very bad case, can induce the parent to obtain relief for her child. One interpretation that we might put upon that is, that they have the defect attended to in order to get rid of the nurse. A school nurse tells of an incident in which repeated visits were made to a home where a child was suffering from defective vision. The father finally procured the proper glasses for his child, so that, as he said, "the nurse would stop coming."

In cosmopolitan centres such as some of our large cities, nurses find difficulty in making foreign speaking parents understand the purpose of the visit and much time is spent in trying to explain what is required, either in simple words or through an interpreter borrowed from the neighborhood. Whenever possible nurses who can speak these foreign tongues should be assigned to such sections. Unfortunately, very few nurses understand these languages, and the demand for nurses who do understand them far exceeds the supply.

Coöperation of Other Institutions

A vast amount of cöoperation is being received by schools from charitable organizations for the physical care of school children. In many places clothing, eye-glasses and special food are provided, and attention is given to special cases reported by the school nurses. In Cleveland, for instance, the school nurses are members of the various district committees of the Associated Charities and they attend the

weekly conferences. These meetings tend to bring the social workers and the nurses in closer cöoperation and make for a clearer understanding of each others' problems as they arise in the respective districts.

In Cleveland, again, the Sunbeam Circle, an organization of women, founded a school for crippled children, which was later taken over by the Board of Education. The Sunbeam Circle still continued to provide busses to transport the little cripples to and from school; and also the school lunches. The Philanthropy Committee of the Federated Women's Clubs provides the food and the cooks for the penny lunches and breakfasts and they direct the work of the open air school lunches. The Society for Promoting the Interest of the Blind directs the work of the school lunches for the blind classes. The Cleveland Auxiliary of the National Mouth Hygiene Association financed and directed for two years dental clinics in the Elementary Schools for indigent children. In addition to pre-dental care, illustrated talks on dental disease and mouth hygiene were given the pupils. The value of this work was clearly demonstrated when the school authorities took over the work in January 1919. In Philadelphia the Home Economic Association has maintained penny lunches for several years in the public schools.

Another source of valuable cöoperation is found in the local visiting nurse associations. They have demonstrated to the school authorities over and over again the usefulness of the school nurse. It has been aptly said that the school nurse is the little sister of the district nurse. New York City is one of the notable examples, and to the Henry Street Settlement, as we all know, belongs the credit of the initiation of this movement in the United States. In Scranton, Pa., the Visiting Nurse Association is directing the work of the nurse in the school. It is probably safe to say that in two-thirds of all communities employing school nurses the initial step was taken by the local district nurse association.

The open air school in the United States owes its origin to the movement for the prevention and treatment of tuberculosis, through anti-tuberculosis leagues. The Columbus Society for the Prevention of Tuberculosis opened the first open air school in that city. The Anti-Tuberculosis League in Cleveland supported a nurse, a member of its own staff, for a year when the fresh air classes were first established. In some instances the local tuberculosis association provides the building, while in others it provides outdoor clothing, such as suits or blankets; sometimes it provides the meals.

Still closer to the school are the

Parent-Teachers Organizations, with their varied activities and services. Some are maintaining school lunch departments. In one city, a year or two ago, the various Mothers' Clubs were very active in raising money during a mouth hygiene campaign. In Los Angeles the Parent-Teachers Association furnishes a small, carefully conducted hospital in connection with a school clinic, where the children may remain after minor operations as long as necessary, guests of the association. The Fathers and Mothers' Club in Boston maintains a farm house for anaemic children. These organizations, so dependent on the school for their existence, generally consider opportunities for cöoperation in the light of a great privilege.

Rather an unusual form of clinical work is found in service rendered by students of the Cleveland College for Barbers. In several districts an arrangement between the school physician and the College provides free hair-cuts to be furnished at intervals during the school year. The coming of the barber is an event eagerly greeted and the principals and nurses report that as a result children show increased pride in personal appearance.

These instances illustrate, but do not at all completely enumerate the various ways in which outside organizations are cöoperating, and in others, stand ready to cöoperate, with the educational authorities in promoting a steady advance in school hygiene.

In concluding these suggestions regarding cöoperation between the school nurse and the principal, teacher, custodian, pupil, parent, and other associations, let me say again that it is the *personal touch* which we give that counts. Let us not be willing ever to give up a situation as hopeless—let us always be willing to try new things, provided they look good—to take the attitude that a thing can be done, not that it is impossible—so shall we find that others will be willing in their turn to make efforts to help us.

Influenza Experiences and What They Taught

BY EUNICE H. DYKE, R. N.

Director, Division of Public Health Nursing, Dept. of Public Health, Toronto

THE influenza epidemic appeared in Toronto October 1st, 1918, reached its height October 23rd and by the end of November had taken 1,809 of our people. The total deaths from October 1st to January 31st, were 2,319. The population of the city was estimated to be 490,000.

Everyone wanted to help. The spirit fostered by four years of war became apparent in this time of civic trouble, and those rare instances of indifference, or worse, stand out in memory as abnormalities. This community consciousness is the force we depend upon to meet the epidemic should it recur, and experience has, we hope, taught us as individuals to work together more effectively.

In order to indicate the services given by the nurses of the Department of Public Health during the epidemic, it is necessary to summarize the work of some of the organizations with which the staff co-operated.

The medical and nursing resources in Toronto were: the eight principal hospitals, with a total accommodation of 1,900 beds for all types of cases; ten small private hospitals, and a number of special hospitals which could not accept influenza patients; 500-600 physicians including specialists; the Central Registry of Graduate Nurses with an active membership of approximately 600; two registries with an unknown number of undergraduate nurses; two visiting nurse associations employing a total of twenty-three graduate nurses; one small registry of untrained attendants; three visiting nurse associations with a total of twenty-eight undergraduate nurses in training; and the ninety-two graduate nurses of the Department of Public Health.

These permanent forces were augmented by an unknown number of volunteers with varying degrees of training for bedside nursing.

When it became known that influenza would become epidemic in Toronto, the medical officer of health called a conference of the superintendents of the training schools for nurses. They agreed that an appeal should be made to physicians and surgeons to perform only emergency operations and to release private duty nurses from all but urgent cases. The superintendent of nurses of the City Hospital for contagious diseases was promised assistance from the other schools in her task of organizing the nursing staff of two overflow hospitals, and the assistant superintendent of the Toronto General Hospital returned from vacation to help her. The number of volunteer workers added to the staff of

the training schools was about 250, and additional volunteers assisted at the military base hospital. The tremendous work done in the institutions cannot be recorded here.

Private physicians and nurses worked heroically but without organization.

Two of the three undergraduate visiting nurse associations decided to accept only obstetrical calls. The St. Elizabeth Order of Graduate Nurses gave these calls precedence over all others, and the Victorian Order of Graduate Nurses was able to meet comparatively few calls beyond the obstetrical cases already booked and calls from the Metropolitan Life Assurance policy holders. One of the undergraduate groups and the registry of attendants answered miscellaneous calls.

The medical officer of health of the city published an appeal for volunteer help for the institutions and the homes, and this appeal was read in all the churches. Volunteers were instructed to register at the government employment bureau, the plan being that the help available should be classified and called upon when needed by responsible organizations. The provincial medical officer of health organized brief courses of instruction for "Sisters of Service" and advertised the office from which these helpers could be secured.

The ninety-two nurses of the Department of Public Health are known locally as Public Health or City Nurses. Owing to the local situation, bedside nursing is not their primary function, but with that exception, they are doing generalized public health work. A limited amount of bedside work is possible. The staff is organized in eight groups, the central office consisting of the director, special supervisors and hospital social service nurses. The remaining seventy-eight nurses were at that time organized from six district offices, although a seventh has since been added. In the beginning of the epidemic the child welfare clinics were closed, but it was hoped to keep the schools open as a means of finding early cases. Public opinion and the need for workers compelled the closing of the schools at the end of the second week. As a result a large number of teachers joined the volunteer forces and doctors and nurses were released for district service. The hospital social service nurses, possibly unwisely, were withdrawn and attached to the district offices. All available graduate nurses and selected volunteers were added to each district and volunteer motor car service was accepted. Straw hand bags were provided to increase the limited supply of visiting nurse equipment. At first one, and later three, nurses were withdrawn for emergency night service and provided with police cars. A night telephone was maintained, first in the Victorian Order office and later in the city hall. Double telephone service was installed in each of the seven offices and social workers,

teachers and university students assisted the superintendents in the district and central offices. Volunteer workers prepared noon-hour lunches for the nurses and their helpers. The police and sanitary inspectors were on call as men-of-all-work. Two boy scouts were sent from their headquarters to each office for messenger service.

Maps showing the district boundaries and telephone numbers were published frequently in all the papers, in order to withdraw the pressure of calls from the central office telephones. Day messages were not accepted by the central office, as the district superintendents themselves wished to question the applicants regarding the need they were required to meet.

Offers of food, bedding, motor cars, pneumonia jackets, face masks and money poured in upon the central and district offices. The Neighborhood Workers Association came to the rescue, organized this energy in twenty-seven well-placed diet kitchens and relief stations and received daily any emergency calls from the district superintendents, delivering their orders to the homes without hesitation. The records, which were kept as carefully as circumstances permitted, offer an interesting study of relief in epidemics. A fund raised by the Board of Trade was sufficient to operate the diet kitchens and to leave a substantial balance to meet the aftermath of the epidemic when thoughtful relief work again became possible.

With better organization of the available visiting nurse forces, the Department of Health Nurses could have been retained as an experienced investigating group, and to a limited extent we were able so to retain them. The epidemic has shown us that such a group should be retained in order that hospitals, private nurses, visiting nurses, volunteer workers and relief agencies may work without duplication of effort and in order that the entire field of need may be covered. Much of the terror which added to the strain of the epidemic could be controlled by this advisory group. The most experienced Public Health Nurses should be retained for this service since difficult judgments must be made quickly. These nurses, provided with motor cars, would answer new calls, give emergency service if necessary, and supervise homes for which skilled attendance was not available. In some instances, they would prove to the family that no outside help was needed; in others, admit patients to hospitals; and for still other homes, they would secure visiting nurse service, graduate or undergraduate resident nurse service or material relief as circumstances indicated.

At the height of an epidemic when people are dying for lack of care, it is difficult to retain a staff of skilled Public Health Nurses for investigation work. The long row of hospital beds makes an obvious appeal. The nurse, herself, does not wish to leave a very sick patient in

the home with the promise of help and such emergency relief as the brief time at her disposal permits. And yet, those of us who lived through the epidemic, know that the peculiar need of each home appealing for help must be analyzed if both skilled and unskilled service is to be wisely placed. The success of the plan depends upon the ability and authority of the investigating staff, and upon the willingness of other medical and relief agencies to receive their calls from such a staff rather than direct from the families. It is probable that none but an organization authorized by the medical officer of health could hope to establish the necessary team-play in a large city with its many independent organizations.

The happy memories of the epidemic are many—the school principal who prepared our lunches; another who took night duty in a very difficult case; the twelve Salvation Army cadets from the training college, who were attached to our district offices and nursed, did laundry work, minded children and helped us with unfailing obedience to direction; the stranded chorus housed in the Y. W. C. A. who gave similar service; the medical student, who nursed a lodging house; the expert social workers, who left their offices to meet the more pressing need in ours; the two boy scouts, who came to us in October and have never left us since; the police, who, with casual air, reported the friendless, drove ambulances and tended furnaces; and the Rotary Club that tried so hard to be patient with our unbusinesslike demands for motor cars. The list of treasured experiences is long and the best cannot be recorded.

Activities of the National Organization

NEW YORK OFFICE

Ella Phillips Crandall, Ex. Sec'y

Early in the month Miss Crandall held a conference with Miss Jean and Miss Rose of the Child Health Organization at 156 Fifth Avenue, regarding a possible means of coöperation between their organization and ours, and this resulted in a cordial agreement of coöperation and an immediate message from Miss Jean to our members through the magazine.

Two interesting interviews have been held this month, the first with Miss Anne Hervey Strong who called to see Miss Crandall upon her arrival in New York where she and Miss Goldmark have established headquarters while serving on the special Committee to study the system of nursing education, of which Dr. C. E. A. Winslow is Chairman: the other with Miss Barnes of the University of Michigan regarding the training of attendants. Miss Barnes offered suggestions for a substitute plan which would utilize "home assistants," a plan for whose training and employment has been outlined by the Y. W. C. A. Miss Crandall spoke on this subject before the City League of Nursing Education on the evening of September 30.

On the 30th of September Miss Crandall attended an all day meeting of the National Social Unit at which the national evaluators conferred regarding their respective findings. Among those present were Dr. Edward T. Devine, evaluator for social work; Dr. Robert E. Chaddock of Columbia; Dr. Louis Dublin, for the Department of Statistics; Dr. Haven Emerson, medical evaluator; Mrs. A. B. Bacon, evaluator for housing conditions; Mr. Charles Steltzae for the clergy; Mr. John Walker, for the American Federation of Labor; Mr. James Laidlaw, Chairman on the Committee for Employers and Business Men; and Miss La Forge and Miss Crandall for nursing. The reports of the various evaluators were read and the 1920 program discussed.

Miss Crandall attended the American Hospital Convention early in October to read Miss Anne Hervey Strong's paper (Miss Strong was unable to be present in person) and took part in the discussion concerning the need and training of attendants—and the possibility of an equable distribution of skilled nursing service supported by some form of household workers, rather than to encourage the use of trained attendants as a substitute for skilled nursing.

An interesting piece of Americanization work is to be undertaken in Ulster and Sullivan Counties of New York State. Through the office of the N. O. P. H. N., the Council of Jewish Women, Department of Immigrant Aid, have secured Miss Amelia Greenwald to assist in the Americanization of the Jewish immigrants who come to those counties. This work will be in affiliation with the New York State Board of Health. It is a matter of gratification to know that the Council of Jewish Women felt that a Public Health Nurse was the worker best fitted for this undertaking. It has applied for actice membership in our Organization.

Membership

If the volume of mail coming to the desk of the Membership and Eligibility Secretary is an indication, the interest in membership in the National Organization is steadily increasing.

In this department the incoming mail for the month of September is more than double that of any other one department.

The continued interest and support of those who have enjoyed the privilege of membership is greatly appreciated.

Causes incident to the war have doubtless prevented many members from attending promptly to the payment of dues.

Renewals will be welcomed at this time.

Total membership 8-31-19		3111
New Members:		
Active	36	
Associate	2	
	38	
Applications pending, 59		
Withdrawn or deceased	2	36
		3147

Occupational Department

The Occupational Department has almost trebled its activities in the last few months under the charge of Miss Helena Stewart who left us at the end of September to take up a course in Teachers' College to fit herself to teach public health nursing. Miss Suzanne Haliburton is to take her place.

Miss Haliburton is a graduate of the Presbyterian Hospital, 1911, of New York, and has had a post graduate course in the Manhattan Eye and Ear and Throat Hospital, in New York. She was Assistant Superintendent of Nurses and Instructor at the Sloane Maternity Hospital in New York; special course, New York School of Philanthropy; organized Medical Social Service Department at the Metropolitan Hospital, Blackwell's Island. County Tuberculosis Nurse, Dutchess County, N. Y., acting also as Assistant Secretary in developing the Health Unit Plan for the Dutchess County Health Association. State Supervising nurse for State Charities Aid Association (working in affiliation with

the State Department of Health). Director Medical Social Service (and later of entire Medical Service) in reconstruction work Halifax Relief Commission following disaster in 1917.

It is obvious from the foregoing that Miss Haliburton brings with her most valuable equipment of training and experience, together with an equally desirable asset of extensive acquaintance with workers in the public health and social service fields, that is bound to be of great service to the Organization and to the people whom its services aid through its Employment Department.

It is interesting to know that Miss Haliburton has already been asked by Miss Jane Hitchcock, to give a series of lectures during the coming fall and winter to senior classes in as many of the New York Training Schools for Nurses as desire it, regarding public health nursing. Miss Hitchcock herself has rendered this important service to the training schools for several years, and is relinquishing it only for lack of time.

Miss Stewart said upon leaving —"In handling the part of the work which deals with positions I wish to call attention to several things which have come under my observation, before leaving the office. Just at the present time, the work has increased rapidly. This is probably due to several causes; the ever increasing demand for Public Health Nurses, the recognition of their services by the officials and the general public, and the legislative measures which have resulted in appropriations for their appointment. I believe that the placing of nurses can be developed into a most important function of the office. . . . .One thing which has bothered me very much is the fact that so many nurses want industrial positions and that we rarely have a request for Public Health Nurses from industrial plants. . . Many of the nurses who have asked for industrial positions seem to have in mind that the thing to be desired is an easy job and do not themselves appreciate the possibilities of this field of public health nursing. I have enjoyed this work very much indeed and wish I could continue to be with the National Organization for Public Health Nursing and help in its development."

Educational Department

The Educational secretary spent from September 21 to 23 inclusive on the way from Flagstaff to Oklahoma City, where she attended the meeting of the Oklahoma State Public Health Association, speaking on the subject, "Teaching Methods applied to Public Health Nursing." She was very glad to meet about a dozen active Oklahoma nurses, to hear of their work, and to help a committee of them draw up the constitution for their state association of Public Health Nurses, which is to be formed this fall, and which is going to require

membership in the N. O. P. H. N. for its membership. Conferences were held with Mr. Schevitz of the State Association, regarding the nursing situation in Oklahoma and the need of a supervisor; and with Miss Novella Gould of the Provident Association regarding the city's plan for a unified nursing service, and need for a supervising nurse.

On September 25 Mrs. Haasis took advantage of a few hours in Fort Worth, Texas, between trains, to run over to Dallas, to talk with Mrs. Engblad, recently Director of Public Health Nursing for the Gulf Division of the American Red Cross, about the new coördinated service in Dallas, of which she is the new supervising nurse and which may possibly serve as field work for a course in Public Health Nursing later on.

It is gratifying to note that the plan urged by Mrs. Parsons and the Educational Secretary on their visit there last spring has been almost exactly carried out, the Red Cross furnishing the salary for four nurses for the county, and for the supervising nurse for city and county. Everything looks most hopeful and could not have come about had it not been for the appointment of a first class full time health officer, recently of the United States Public Health Service.

Washouts prevented Mrs. Haasis from keeping an engagement at Douglas, Arizona, on the 27th. On the 29th, she attended the annual meeting of the Arizona Anti-Tuberculosis Association, and spoke on "The Part of Public Health Nursing in Building up a Community." While the attendance was not very large, still it seemed very well worth while, and owing to the fact that Mrs. Haasis expects to return to Arizona to live, she was particularly glad to get in touch with the leaders in health work throughout the state. She was elected to the Board of Directors of the Anti-Tuberculosis Association, and was asked by Miss Walton to serve on a Committee on Nursing, to act as advisory to her. This will relieve Miss Walton of the necessity of passing alone on the credentials of nurses applying for work, and of planning alone for the work of nurses throughout the state.

September 30 was spent in visiting the University of Arizona with special attention to the work being done for the re-education of soldiers under the care of the Federal Board of Vocational Education. Mrs. Haasis was entertained by the President at lunch and taken through the museum with its marvellous collection of relics of the prehistoric people of Arizona.

Publicity Department

During the month of September, the time of the Publicity Secretary has been divided about equally between membership and legislative activities. The first circularization of Miss Waters' list of nursing as-

sociations has gone out and is yielding satisfactory returns. The replies to this membership solicitation indicate, in general, two things: (1) That the interest in the public health nursing movement is strong and the time opportune for the organization and publicity activity on a large scale. (2) That such solicitations should be decentralized as soon as possible and carried on by the branch office secretaries and state representatives, working independently, but with the advice and coöperation of the National Office.

Requests have been received in some instances from Public Health Nurses asking for an electrotype of the National Organization seal. This seal was prepared for corporate members of the National Organization, for use on letterheads, mailing literature, etc., and is available to groups affiliated with the National Organization in this way, rather than to individuals. A new seal reproducing the phrase "Member National Organization for Public Health Nursing" is now available and one electrotype of this seal will be supplied to each corporate member of the National Organization. The allotments of booklets, folders, posters, and poster stamps to corporate members of the National Organization were forwarded during the week of September 29, the quantity of these allotments being based on the two considerations of size of the community and the proportion of nurses on the staffs of the member organizations who were active individual members of the National Organization. It is hoped that additional quantities of this material will be ordered by our corporate members and that helpful criticisms and suggestions concerning new editions of this material and the preparation of new material will be forthcoming.

The general booklet went to the printer during the week of September 29 and will be available before the end of October.

Arrangements have been made for the production of a motion picture film, in coöperation with the New York State Board of Health, the expense of producing this film being privately underwritten. Every effort will be made, however, to sell enough positive prints of the film at a price to be decided later to recoup the capital expense of this production. The National Organization will hold four positive prints for renting to nursing associations and other groups throughout the country, desiring such propaganda. One of these prints will be distributed by the New York office and the other three will be distributed by the Western, Southern and Far Western Offices. It is expected that the film will be available by January 1, 1920, at the latest. Further announcements regarding the film will be made in the next issue of the Public Health Nurse.

The Publicity Secretary has

been asked to make recommendations concerning the publicity problem of the Brooklyn Visiting Nurse Association. The Publicity Secretary believes that there is a considerable similarity in the publicity problems of the nursing associations throughout the country and that therefore plans and publicity material prepared for one association can be adapted easily to the needs of others. In a forthcoming issue of the Public Health Nurse, the Publicity Secretary will make detailed recommendations on this subject.

Arrangements are being made for the printing of diet cards prepared by the Dietetic Bureau of Boston. It is planned to print a large edition of these diet cards so that they may be syndicated at a moderate price to nursing associations desiring them. The coöperation of the Child Health Organization has been secured in the preparation of these diet cards. Further announcements of this work will be made in the next issue of the Public Health Nurse.

Arrangements have been made for the production of a new membership folder describing the service of the Librarian, listing the state library centers and also containing a price list of the reprints now available.

WESTERN OFFICE

Katherine Olmsted, Extension Secretary

Several important conferences were held by the Extension Secretary in September. On September 1 she visited New Orleans, conferring at Charity Hospital in regard to the admittance of two sick babies for Miss Coale, and arranged for the care of other children found during the Demonstration in St. Mary's Parish.

On September 3 and 4 she held important conferences in Washington, D. C., with Miss Lathrop concerning the demonstrations, and also with the private secretary of the Hon. Franklin K. Lane, Secretary of the Interior, about Indian problems; and with Mr. Cato Sells, Commissioner for Indian Affairs; she also had interviews with the following: Mr. McDowell, Indian Commission; two Congressmen concerning Indian problems; Dr. Pierce of the U. S. Public Health Service, concerning health survey of Indians; Miss Ann Doyle, U. S. Public Health Service, concerning literature for the nurses who are making the demonstrations; and with the Librarian of the Indian Commission, about history of the Arapohoe tribe.

September 5 and 6 Miss Olmsted passed in New York City in conference with Miss Crandall concerning the Western Office activities; with Mr. Rorty, regarding publicity; and with Mr. Embree of the Rockefeller Foundation, concerning education of Indians and value of the Demonstration. She also saw Mr. Mordell, Congressman; Miss Doyle; the Secretary of the Y. W. C. A. and the

Librarian of the Russell Sage Library.

The following interviews were held in the Chicago Office:

With Dr. Pattison, National Tuberculosis Association, nursing work.

Miss Geister, concerning Far Western Office.

Miss Patterson, concerning legislative work for the National Organization for Public Health Nursing.

Miss Mathews, Public Health Nursing.

Mrs. I. Morgan, Wisconsin State Health Department, concerning new department of child welfare.

Miss K. Chapin, of *Modern Hospital, Survey*.

Miss B. Green, concerning scholarships and loaning books.

Mrs. McKenzie, concerning nurse to be in charge of Minneapolis Visiting Nurse Association.

Mrs. J. Wolf, work and starting infant welfare station in La Crosse, Wis.

Miss J. Newsholm, De Pere, Wis., concerning nursing work.

Interviews with eight nurses concerning work and positions.

The new office room, 904 at 116 South Michigan Avenue, Chicago, is small but comfortable, and a great deal more convenient than being at the School of Civics.

Most unfortunately, Miss Anna May Coleman has resigned from the Morgan County Demonstration. The Morgan County work needs the constant direction of a very able nurse, and the Western Secretary will spend a few days there as soon as possible in an effort to secure a qualified successor to Miss Coleman, whose services have been peculiarly effective.

Miss Miers reports that the work of the Wyoming Demonstration is progressing satisfactorily. They have had so many patients consent to enter the Government hospital that the nurse at the hospital is unable to care for them, and Miss Miers, in a recent letter, states:

"We are very busy now. Most unfortunately one baby died in the hospital today. I was up and helped all day, gave a hypodemiclysis, and Miss Seger gave up tonight to help. I was up all Thursday night on duty. Miss Henderson is still alone there. I took two patients today, a boy with a broken arm and a baby with pneumonia. Mrs. Felter's baby is a week old today, and a Shoshoni woman is waiting to be delivered."

There is but one nurse in the Government hospital; another nurse is expected soon, but there is need of three for day duty and one at least for regular night duty.

Miss Coale writes the following in regard to the Louisiana Demonstration:

"The meeting of the temporary committee of the Parish has not, as yet, been called, but we hope to have a meeting before October 1, and elect permanent officers, so that when the work is taken over the plans will be all in working order.

"I find a great many umbilical hernias, not always small babies, but children of four or five years. The people all think they will outgrow such things. I have little trouble strapping the hernias, but I have to emphasize the fact that the strapping must be left on for several months.

"The midwives are doing much better with the care of babies, and also in regard to registration, but they still do very queer things. The other day I visited a mother with a new baby and found her dressed in wollen underclothes, besides a heavy coat—and the day was very hot. I asked why all the clothes were worn, and she answered that Aunt Polly, the midwife, did not want her to get a cold and said she must wear all those clothes and not open the doors or windows. I visited Aunt Polly, and arranged the bed, so that when the windows were opened the patient would not be directly in the air, but would be much cooler. Also, the patient was bathed, a gown put on, and I am sure things were much more comfortable than before. In making prenatal calls I find that the mothers never think of making any preparations until they are in labor, and then send for the old midwives in a great hurry."

The Western Secretary spent the last ten days of September enjoying a vacation.

LIBRARY DEPARTMENT

On the first day of October the Library came into its own. You will find on entering the New York offices of the Organization that the Library is no longer a stolen corner of the reception office, but housed in its own room, with its pamphlet files, book cases, and writing table, ready for nurses and students who wish to do special research work. Already visits to the Library have been made by workers from the Joint Board of Sanitary Control, New York State Commission for the Blind, students from Teachers' College, newspaper reporters, and nurses preparing special reports and statistics.

Another development, indicating further centralization of the Library's activities, has been inaugurated by including the section on Bibliographies and Book Reviews in the regular Library Deparment of each issue of the magazine. Is it possible for nurses, familiar with the needs of state and rural work, to contribute to this Department from time to time, by suggestive subjects of bibliography that would be of help to them in their reading? It would also be of unfailing benefit to nurses all over the country, if pamphlets and books of special importance, such as local experimental or statistical reports, could be sent to the Library for mention in the Magazine. The plea for such coöperation is made with the many problems of the rural nurse in mind.

Legislation

Since publishing the "Summary of State Laws providing for Public Health Nurses" in the September number of the Magazine, the Library has received letters from two states giving fuller information regarding the status of their local legislation. The quotation for Oregon omitted the number of

nurses carrying on county work, the full statement being that two Public Health Nurses are employed at public expense and three are working under the Tuberculosis Association and other agencies. There is one county in the state having a Red Cross Public Health Nurse. The Alabama Bureau of Public Health Nursing writes that they have a good county law provided for by 1915 legislation, but that it has not been put into force because of certain local difficulties. Such points are most valuable, because they throw definite light on part of our national growth that is necessarily vital.

Industrial Nursing

It is suggested that nurses wishing to purchase copies of Industrial Nursing by Wright (MacMillan) send their orders to the publishers as soon as possible. The demand for the book has exhausted the first edition but a new supply will be on hand before this magazine is in print.

We have missed the October number of the Magazine of Industrial Hygiene (MacMillan) which, with so many others, was delayed by the strike. A list of new publications on all phases of industrial work is always given in each issue and is greatly missed when not available. It was fortunate to have this gap filled however, by the "Bulletin" of the Russell Sage Foundation Library on "Industrial Hygiene" in which is listed not only books on the subject, but also "Conference Proceedings" and "Official Publications, Federal, State and City."

School Work

School work struck the key note of interest throughout the two months of September and October. During that time the Library made every effort to collect special pamphlets and reports dealing with this phase of public health nursing in order to supply the files of the State Library Centers with such literature, as well as those of the Central Library in New York. The following are some of the titles that have been in constant use:

Recent Pamphlets

N. Y. City Dept. of Health
Undernourishment in school children.
School Health News, May, 1919.

N. Y. State Dept. of Health
School Health Service Medical Inspection Law.

Costigan, Honora
Health Stories. Minnesota Public Health Association.

Merlin, Wikin
Plans for 1919. Lake County, S. D.

Roberts, Lydia
What is Malnutrition? U. S. Children's Bureau.

Mitchell, David
Malnutrition and Health. N. Y. Bureau of Educational Experiments.

Wood, Thomas D.
Health Charts. National Council of Education. New York City.

Emerson, M. R. P.
Nutrition clinics in the public schools. 44 Dwight St., Boston, Mass.

Children's Year Leaflets, No. 10
Advising children in their choice of occupation and supervising the working child. U. S. Children's Bureau.

New Haven Dept. of Health
Little Mothers' Leagues. Bulletin, July, 1919.

Baker, S. Josephine
Instructions to medical inspectors and nurses regarding preliminary and subsequent lectures to members of Little Mothers' Leagues. N. Y. City Dept. of Health.

Warren (Ohio) Dept. of Education
Course of study in nature, study and hygiene, 1918-1919.

Reprints

Olmsted, K. M.
Efficient Methods of Teaching Hygiene in Schools. $ .05.

Walker
Health Education, its place in school curriculum. $ .03.

Kenton Co., Ky.
Health First Reader. $ .05.

Groom
Suggestions for Use with Health First Reader. $ .03.

Curtis
Health Problems among Rural School Children. $ .02.

Beard, J. L.
Public Health Aspects of Work for Prevention of Cruelty to Children. $ .02.

Hartley
Suggestive Outline for School Health Work for Teachers.

Norman
Rules for Physical Examination of School Children. $ .03.
Study of Pre-school Children in Cincinnati. $ .03.

Note: Any of the pamphlets and reprints listed above may be borrowed from the State Library Centers. The following lists of books and primers are suggested as good books for nurses to buy, or to ask their local libraries to purchase:

Books

Cornell
Health and Medical Inspection of School Children (F. A. Davis).

Eggleston & Bruere
Work of the Rural Schools (Harper).

Hoag & Terman
Health Work in the Schools (Houghton).

Kelly & Bradshaw
Handbook for School Nurses (Macmillan).

Struthers
School Nurse (Putnam).

Primers

O'Shea & Kellog
Health and Cleanliness (four volumes) (Macmillan).

Winslow
Healthy Living (two volumes) (Merrill).

Ritchie
Primer of Hygiene (World Book Co.).

Lynch
First Aid in the Home (Metropolitan Life Insurance Co.).

Posters

The need for good posters is pressing and the call for them constant; the following extract from a recently received letter indicates the value of material of this kind:

"By way of thanking you for the French postcards let me say that our children, if only you could see them, would do it much more gracefully and effectively. Our first graders were enraptured. No better incentive could be given for clean hands, clean teeth, finger nails, and so on down the line. They afforded more than one delightful lesson in hygiene and some very profitable lessons in language. A splendid spirit of emulation was created in imitating 'Jean and Pierre,' as we christened the little boy and girl on the

card which demonstrated nose-breathing. Both Jean and Pierre will live long in the minds of these first graders."

Contributions of future pamphlet material from nurses carrying on this important form of work will be greatly appreciated if sent in to the Library. It is most desirable to have reports on this work, even though only in the pioneer phase of its development.

NOTES ON GENERAL ACTIVITIES

Miss Mary E. Lent has returned from an extended trip in the Orient, which included interesting travels in both Japan and China. Miss Lent will resume her work as Associate Secretary of the National Organization for Public Health Nursing and her immediate task will be the organizing of state councils and in general the development on a sound and permanent basis of the state representative system of the National Organization. Certain states have reported a need for organizing and coördinating work performed by an outside agency, and in some cases the desirability of legislative activity is indicated. Miss Lent will have charge of this branch of the work of the National Organization and will be assisted by a staff of field workers, some of whom have already been appointed.

Since her return Miss Lent has been occupied with examining and digesting the results of the preliminary survey conducted by the National Organization, with a view to determining in what states organization and legislative work is desirable. A detailed statement of her plans will appear in a later issue of THE PUBLIC HEALTH NURSE.

Proposed Section on Industrial Nursing

The Committee on Industrial Nursing of the National Organization for Public Health Nursing, of which Miss Florence Swift Wright is Chairman, have taken as their work for the current year the task of discovering the opinion of the industrial nurses throughout the United States, as to the advisability of forming a special section for industrial nurses as part of the National Organization for Public Health Nursing. It is hoped that a committee member may be obtained for each state who will discover the names and addresses of as many industrial nurses as possible within her state.

The method suggested to the committee members is as follows: Divide the state into counties. Get some one nurse in each county to send to the member for that state a list of the industrial nurses in her county. Where there are large cities the same method may be used, dividing the city into wards and asking some one nurse to be responsible for discovering industrial nurses in each ward.

While it is realized that it would be valuable to obtain a complete list of nurses employed in industry, it is hoped to obtain a sufficient

list to make it possible to get an expression of general opinion. In view of the importance which industrial nursing is assuming with employers of labor, organizations of labor, and with nurses themselves, a large attendance of industrial nurses and those interested in industrial nursing is expected at the next annual meeting of the National Organization for Public Health Nursing to be held in Atlanta, Ga., April 12 to 17, 1920. Industrial nurses should arrange to attend the annual meeting and it is time now to begin the necessary plans.

Lectures for Student Nurses

As much as three years ago, the Committee on Education of the National Organization, decided to prepare a series of six or eight simple lectures which should be descriptive of the history and development and special aspects of the various forms of public health nursing, for presentation to classes of student nurses in training schools throughout the country, whose superintendents desire to present public health nursing to their student bodies.

This plan was held in abeyance only because other responsibilities pressed for more immediate attention.

At a recent meeting of the Joint National Committee, Miss Jane Elizabeth Hitchcock, who for several years has been giving such a series of lectures to student nurses in New York City Training Schools, urged the immediate need for lectures of this character, prepared in form for distribution. Miss Hitchcock and Miss Crandall were appointed a Committee to secure the lectures and arrange for their circulation.

We are to be congratulated that Miss Zoe La Forge has consented to prepare the lectures, which will be ready for distribution in time for presentation to the 1920 graduating classes. An effort will be made, in the meantime, to interest the superintendents of training schools, and secure their coöperation in their effort to interest more students in the field of public health nursing.

Notes from the Field

THE TRAINED NURSE IN INDUSTRY

Last year at the meeting of the National Safety Council the Women in Industry Section was given one morning session. This year, however, at the meeting held in Cleveland, October 1 to 4, the importance of the problems of employed women was so plainly realized by the officers of the Council that two whole morning sessions were consumed in most interesting discussions.

The first session was devoted to two papers and to the discussion of their subject-matter. Miss Mary Anderson, Director of the Women's Bureau, U. S. Department of Labor, told of the work of that Bureau in its efforts to establish reasonable and just standards for the employment of women. A paper was read on the responsibilities and opportunities of the industrial nurse, and the discussion of the nurse in industry consumed a large share of this morning session. The nurse in industry was sharply criticized and was also warmly defended.

An industrial expert stated that in his plant the nurses were never able to get the necessary information at the first interview with the patient. This criticism brought forth a storm of protests from other industrial experts. The general consensus of opinion seemed to be that the nurse usually made as few mistakes in this relation as any other person given similar duties. The same gentleman also stated that the industrial nurse was greatly limited in her usefulness to male employees owing to the fact that they hesitated to confide their troubles to her. He stated the instance of a nurse who was employed as ambulance driver and who took a patient to his home from the plant. The patient was later discovered to be suffering from hernia. He had not felt free to tell the nurse his trouble and it was thought that valuable time had been wasted in getting medical aid for the injured man.

No one else offered a similar criticism, and many persons were of the opinion that the nurse, more readily than any one else, could *usually* get all desirable data.

Someone asked why it was that industrial nurses sometimes failed to make good. No one gave any specific instance in which this had been the case. One woman, apparently a social worker, stated that

*See also article, "The Responsibilities and Opportunities of the Industrial Nurse," p. 854.

industrial nurses probably lacked knowledge of proper methods of approaching patients owing to their lack of training in social matters. However, this same woman stated that in her rounds she was usually greeted as "Nurse." She said she never told the people that she was not a nurse, and the impression was that her entry in many cases had been made easy by the good opinion of the nurse which was already in the minds of her clients. This worker also stated that probably a lack of the language of the patients caused failures, and recommended that nurses speaking the language of the workers be employed.

An industrial physician spoke highly of the nurse's usefulness in industry in her professional capacity, with distinct emphasis on "professional capacity." This physician had been employed in industry for many years and had been associated with one nurse during the greater part of the time.

The economy of the services of the industrial nurse was plainly brought out by one employment expert. The total expense of the nursing department had been apportioned among the employees and the amount which it had been found necessary to deduct from each employee's pay envelope was one cent.

The lack of coördination on the part of the industrial nurse with existing nursing organizations was discussed, and employers were criticized (apparently with some justice) for requiring industrial nurses to attend to obstetrical cases. It was pointed out that if a man was not able to pay for the entry of his child into the world he could hardly be expected to be able to provide for that child's growth and development into a good citizen.

In reply to these criticisms, it was brought out that the industrial nurse has seldom started her work as assistant to a full-time industrial physician: that she herself has often been the first health worker in a plant and that many times through her efforts and through her attention to matters relating to health, but not strictly first-aid or bedside nursing, the development of a real medical department with constructive work for the betterment of health conditions has been accomplished. It was also generally conceded that the prime value of the industrial nurse is not as an investigator, and that the filling out of blanks should be accomplished as a secondary consideration, her friendly, neighborly relation to the patient being of first importance. It was justly said that a good deal of investigation of home conditions, etc., was unnecessary and was an impertinence to the patient. Personal information obtained by the nurse and used as an additional point of contact and as an aid to a mutual understanding was conceded to be an important factor.

A permanent Women in Industry Section was formed within the National Safety Council and subsequent annual meetings will undoubtedly be of great interest to all industrial nurses.

MEETING OF PUBLIC HEALTH NURSES IN WESTCHESTER CO.

After a two months recess the Westchester County Association of Public Health Nurses met at the County Court House, White Plains, September 26, and formulated a program of work for the coming winter. After the regular business meeting the following speakers were heard: Dr. P. H. Mason, District Sanitary Supervisor of the State Department of Health; Dr. Edwin G. Ramsdell, health officer of White Plains, and Dr. Helen W. Brown of the Bureau of Public Health Service of the New York State Department of Health.

Dr. Mason spoke of the opportunity for interesting the senior student nurses in the training schools of Westchester County in public health nursing work, and brought out the fact that this county has an able staff of Public Health Nurses who could serve as instructors in the training schools. Dr. Mason said that the nurses of Westchester County are women of wide experience and education in all branches of public health nursing, and that many of them had prepared themselves for this service by taking the public health nursing course offered by the best institutions of this country and other countries, and that a number of the nurses had also been public school teachers before entering the nursing service. Dr. Mason said that there was no reason why every senior nurse in the training schools of Westchester should not have the advantages afforded by this county for instruction in public health nursing. He also took up the question of record keeping, especially in tuberculosis work where it is so important to keep a record of all the contact cases and to secure their repeated examination in order to prevent future breakdowns from the disease. Dr. Mason urged that a uniform system be adopted. The state tuberculosis record system is already in use in many parts of this county but the Doctor wishes to have it extended to every corner where public health nursing is available.

Following Dr. Mason's address, Miss Ida Neudell, Superintendent of the White Plains Hospital, announced that a lecture course in public health nursing had been introduced into the curriculum of the White Plains Training School for the coming year and that a staff of lecturers had been secured.

Dr. Edwin G. Ramsdell, health officer of White Plains, gave a very interesting scientific and educational address on tuberculosis. Dr. Ramsdell brought out the importance of the repeated examina-

tions of contact cases of tuberculosis in order to detect the early symptoms of the disease. Dr. Ramsdell said that tuberculosis in the very, very early stages was hopeful, and that the preventive side of the work was the part that we had to hammer on. That this preventive and educational work was a part of the Public Health Nurse's duty and it was the duty of the Public Health Nurse to see that the contact cases were examined at stated periods. In order to do this the nurse should see that the patients get to their family physicians or clinics from time to time.

Dr. Helen W. Brown, of the Bureau of Public Health Service, took up the question of social hygiene and gave a lengthy address on the subject.

SPECIAL OPPORTUNITY OFFERED BY UNIVERSITY OF MICHIGAN.

The Regents of the University of Michigan, recognizing the necessity for nurses of broad education to meet the great responsibilities put upon nurses today, have authorized a combined five-year literary-nursing course which will be offered beginning with the opening of the fall semester. The course will include three years work in the Department of Literature, Science and the Arts, including all of the work required of regular students, with some provision for independent election, and two years in the University Hospital. For this work an unrestricted degree of Bachelor of Science and a Diploma in Nursing will be given. To secure the privilege of the shortened course, a student must complete all of the required work with scholarship above the average, and must spend at least one year at the University in residence in the Arts Department. Students already in the University may be able to adjust their schedules to meet these requirements. Students will meet their expenses as usual while taking the academic work but will have no expense during the period spent in the hospital, except for text books, it being recognized that the service rendered has value equivalent to living expenses. The University Hospital is about to adopt the eight-hour day, and it is expected that a large number of young women will avail themselves of this attractive opportunity, because the need for women with the nurse's training and a broad educational background is very great, and much needed work is going undone for lack of educated women to do it.

The Regents also decided to take over the support of the Department of Public Health Nursing, which was financed for this year by the State War Board. Beginning with the fall semester this department will offer two courses, one four months and the other eight. In each the work will be divided between theoretical work at the

University and field work in Detroit and other communities, including Washtinaw County, of which Ann Arbor is the County Seat. Twenty-three students from the first group have received certificates and most of them are at work in Michigan, twenty are attending the course in connection with the summer session.

HELP FOR TUBERCULOUS CHILDREN IN CONNECTICUT.

Through the perseverance of the State Tuberculosis Commission of Connecticut, a new Children's Seaside Sanatorium for the treatment of bone tuberculosis will soon be opened at East Lyme, near New London.

The Commission two years ago asked the legislature for a substantial appropriation with which to begin the work, but received a grant of only $25,000. With a portion of this they purchased an old hotel located on the seashore and all plans went well until the residents of East Lyme petitioned the legislature that the locality was unsuitable for such an institution.

Connecticut has about three thousand children suffering from bone tuberculosis, and when news of the petition spread throughout the state, health, labor and similar organizations from every corner rallied to the support of the Commission. By a vote of only five to four the Committee on Public Health and Safety voted to allow the East Lyme residents to withdraw and the Tuberculosis Commission at once started plans for putting the hotel into repair for the reception of patients.

REPORT OF THE INSTRUCTIVE VISITING NURSE ASSOCIATION OF BALTIMORE

The Twenty-Second Annual Report of the Instructive Visiting Nurse Association of Baltimore deals largely, as do the reports of all visiting nurse associations this year, with the emergencies caused by the influenza epidemic. The Association was made the central office and headquarters for sick calls and also for the distribution of nourishment, the Babies' Milk Fund Association tendering its services, and the Health Department coöperating. The Red Cross also organized, and extra nurses, when obtainable, were employed. Volunteer workers helped the nurses in all possible ways, and a motor corps service was organized.

An interesting section of the report deals with the work of the visiting nurses in connection with the Public Athletic League. Part of the work of this League consists in the examination of all children participating in athletics, under the supervision of an instructor employed by the League. Two physicians are also employed, one to examine the boys and one the girls. Where defects are found the cases are turned over to the Instructive

Visiting Nurse Association nurse, who visits the homes, informs the parents of the result of the doctor's examination and arranges for treatment for the patient. When the child is examined by the doctor a colored button is given; after the defect is remedied he is given a white button with "Health First" inscribed on it. The children are all eager to coöperate with the nurse in order to obtain the "Health" buttons. During the year 4,163 visits were made to the homes, 2,563 patients were treated and discharged as physically sound and 1,792 were partially treated. The work was extended to schools in Baltimore County, in which an additional county nurse paid 1,170 visits, treating 1,022 patients.*

ANNUAL REPORT OF DETROIT VISITING NURSE ASSOCIATION

A very interesting chart showing the development of the Visiting Nurse Association from the District Nursing Society is included in the Twenty-First Annual Report of the Detroit Visiting Nurse Association. This chart is of especial interest to us, because it bears out the picture so vividly drawn in the frontispiece published in the September issue of THE PUBLIC HEALTH NURSE, showing the visiting nurse association as the original source and demonstrator of all kinds of Public Health Nursing service. Of the various forms of service originated by the Detroit Association, many have been adopted by the Department of Health, while others, "on coming of age, left the parent service and are leading independent careers."

That the service of the Visiting Nurse Association has not been decreased by this lopping off of some of its branches is shown by a further diagram which gives the number of patients in 1903—the date of the Association's foundation—which was 425; in 1908, when the number was 837; in 1913, showing 3,151; and in 1918, when the figure rose to 9,212.

*An account of the work of the nurse in Annapolis, which forms an interesting section of the Report, was published in our September issue.

THE HINDMAN SETTLEMENT SCHOOL

We have received from the Hindman Settlement School a copy of the following letter, recently received from one who had been a guest at the Settlement. It gives such an interesting picture of this work being done in Kentucky, that we are very glad to publish it.

Dear Friend:

At last I have visited the Hindman Settlement School which we have long wanted to see. I do wish you could have been with me, for no letter of mine can do it justice. It is far more attractive and doing a much bigger work than we ever imagined.

The really interesting part of the trip began when I left the train about noon, and started across the mountains in the mail wagon. It took us until dusk to

cover the sixteen miles to Hindman, for ours was not an asphalt road. The wagon bumped and bounced over rocky ledges, splashed through mud holes which were small ponds, and crawled up steep mountain sides where two deep ruts formed the road and kept the wagon from skidding off into the creek below.

It is a wonderfully beautiful country, made more picturesque by the cabin homes with their mud-daubed rock chimneys and strings of beans hanging on the front porches to dry. Many of the people are poorly clad, stooped, and gaunt, though some have the fine features of their Anglo-Saxon ancestors. Even the children's faces lack a carefree, happy expression. Poverty and the things that go with it are seen everywhere. It is not hard to guess why when one looks at the roads and the steep hillside farms. I found myself wondering how many of us could make a living under such conditions and with no more than a hoe in our hands.

It is from such homes that the children come to the Settlement School at Hindman. It truly deserves the name of Settlement, for it comprises about two hundred acres and twenty-two buildings, and has its own electric light plant, water works, coal mine, farm, hospital, etc. I shall never forget my first glimpse of the place—the lovely brown buildings grouped on the hillsides and along the banks of Troublesome Creek. The artistically arranged vegetable gardens, flowers and fruit trees are a wonderful evidence of the skill and tireless efforts of Miss Furman (also author of "Mothering on Perilous"). She has been assisted in this work by Reuben Morgan, a boy whom she trained from childhood and who later graduated from Berea and served in France. The simple, artistic furniture, rugs, coverlets, etc., have been made by the pupils in the school.

Practically the entire work of the Settlement is done by the students, under the guidance of a group of splendid, well-trained women. Each student thus earns his scholarship.

The cottages house 35 boys and 65 girls, and there are nearly 200 day pupils. In addition to the kindergarten, graded and high schools, there is manual training, home economics, music, gardening, home nursing and the various fireside industries, such as weaving and basketry. Beside the spinning and weaving which go on all day in the little old log cabin—one of the earliest and quite the most picturesque building on the grounds—where the girls are taught to weave and an appreciation is aroused for these beautiful old arts, a nation-wide market is made for homespuns and baskets made out in the homes of the people, in some of which the loom has never been idle, and in others these new markets have brought the discarded loom and dye pot back into use again, and have made for their weavers many and many a dollar to pay off a note or buy a cow or a sewing machine.

One of the new features this year is the Practice Home for six girls of the industrial course of the high school. An expert in home economics is the director and house mother. With a cow, chickens, garden, etc., these girls have an opportunity for learning practical homemaking.

This is the cleanest school I have ever seen anywhere, and everything spells careful and efficient management. Just think what this must mean in the education of children who come from typical mountain homes where there is little knowledge of sanitation or home-making. There is an extension worker in charge of thrift clubs, country Sunday school and sewing classes, library and Red Cross Health Crusade work. Living in the Settlement are two registered nurses, one in charge of the Settlement family and the other a Red Cross Public Health Nurse subject to calls in the country.

Dr. M. H. Urner, an eye, ear, nose and throat specialist, has recently given his services in holding a clinic in the Settle-

ment hospital. Nearly three hundred people, from all parts of the country, were examined and thirty-two operations were performed.

I was much impressed by the fact that the school tries to be as self-supporting as possible. Besides fruits and vegetables furnished for the table all summer and fall, over sixteen hundred quarts have been canned from the school gardens. Their farm will, this year, have produced a thousand bushels of corn, three hundred gallons of sorghum, ten tons of hay and unnumbered beans.

My visit happened to be just before the opening of school and a few of the children had returned. There was such a difference between these clean, happy youngsters and the ones I had seen along the road on my journey over. One afternoon, I saw a group of little girls dancing on the campus and chanting an Old English folk song. It was a spontaneous, beautiful thing and it spoke volumes, for children do not dance unless they are happy. Among the returned pupils were six under-age volunteers who had come back to finish their high school course.

It is small wonder that the children love this school for it has the real home atmosphere. I felt it as soon as I entered.

If there is any bigger work than this, or one more deserving of support, I do not know what it is.

You surely must visit Hindman some time. It is inspiring. M. De W. S.

TUBERCULOSIS CONFERENCE IN THE NORTHWEST

The Northwestern Tuberculosis Conference, under the auspices of the National Tuberculosis Association was held in Boise, Idaho, September 29, 30 and October 1. The states represented at the Conference were Montana, Nevada, Oregon, Utah, Washington, Wyoming and Idaho.

The program covered in detail the problems to be met in the Northwest, and also outlined a broad program in the campaign against tuberculosis; coördination and correlation were advocated as a working basis in the execution of the program. Two complete sessions were devoted to the subject of Public Health Nursing. Miss Adda M. Eldridge, Inter-state Secretary of the American Nurses Association, covered the subject of the relation of the nurse in special health work to the nurses' organization and schools. The last day of the Conference was held in conjunction with the Idaho State Medical Association, the Medical Session going on record as being in favor of lending its assistance to help carry on the program of tuberculosis work.

Some of the persons present who helped to make the Conference a mile-stone in the tuberculosis field were, Dr. Philip P. Jacobs, Assistant Secretary of the National Tuberculosis Association; Dr. Orville W. McMichael, Chicago; Dr. T. B. Kidner, National Tuberculosis Association; Mr. F. P. Foisie, Director of Civilian Relief, Northwestern Division A. R. C.; Miss Adda Eldridge, Inter-state Secretary, American Nursing Association; Dr. E. H. Lindley, President University of Idaho; Dr. Heber J. Sears, Extension Department University of Utah; Hon. D. W. Davis, Governor of Idaho.

STATE ASSOCIATION FOR OKLAHOMA

A State Public Health Association is to be formed in Oklahoma at the time of the next State meeting. This marks big progress, since two years ago only two or three Public Health Nurses were in the State; there are now about thirty. A law was recently passed which provided that there should be a Public Health Nurse in each of the three districts where sanitariums are to be located, the tuberculosis superintendent to have supervision over these nurses.

NURSING DIRECTOR APPOINTED BY NATIONAL TUBERCULOSIS ASSOCIATION

A very gratifying spirit of coöperation has existed for several years between the National Association for the Study and Prevention of Tuberculosis and the National Organization for Public Health Nursing, in all matters pertaining to tuberculosis nursing. This friendly relationship finds its climax in the recent appointment of Miss Mary Marshall to direct the newly created Department of Nursing in the Tuberculosis Association. Miss Marshall's position is to be that of Secretary for Nursing under the Medical Field Service, her duties at first will be concerned chiefly with helping the Association to establish certain broad policies in dealing with the nursing problem, and to work out methods of coöperation with other organizations. Other subjects to be considered will be:

(a) Tuberculosis education for nurses, both in training schools and post-graduate work.

(b) Generalization vs. Specialization.

(c) Relation of nurses to the application of occupational therapy.

Miss Marshall, in writing to us recently, said:

"My instruction from the National Tuberculosis Association and my own earnest desire is to work in closest coöperation with the National Organization for Public Health Nursing, and the American Red Cross in the consideration of all these subjects, for I believe that only by such coöperation can we constantly raise the standard and increase the efficiency of the nursing profession."

The National Organization sincerely congratulates the National Tuberculosis Association on its acquisition of Miss Marshall.

A COÖPERATIVE PLAN

A coöperative plan has been arranged in the town of New Albany, Ind., whereby the Dental Association, public schools and Public Health Nurse have joined together to bring about the opening of a dental clinic. Dentists will volunteer their time for examination and treatment of those patients who cannot pay for the service, the nurse will do the follow-up work and possibly assist at the clinic, and the school board will furnish

quarters and maintenance of the clinic. The same arrangements will be made for school inspections, and the weighing and measuring of children plan approved by the Bureau of Education will be carried out. One of the doctors will volunteer time to examine all children in two schools for three months; the nurse will weigh and measure and assist the physician.

Exhibits were shown at the Georgetown and New Albany Home Coming celebrations in September, and health and Red Cross films were shown in the moving picture theatre. A tent was erected in the park for the Merchants and Farmers Jubilee, and created much interest.

THE NATIONAL COUNTRY LIFE CONFERENCE

The Second National Country Life Conference will be held in Chicago, November 8-11. In considering the needs of country life the executive committee of the Conference has felt that Rural Health demanded immediate consideration. The conference program is, therefore, built around this central theme in an endeavor to ascertain the reasonable needs of rural health and the opportunity and responsibility of each of the social forces of the rural community in a health program.

THE DEMAND FOR PUBLIC HEALTH TRAINING

The following is taken from a letter recently received from Mrs. Anna M. Staebler, Executive Secretary, Massachusetts Committee on Health in Industry:

". . . We hear from time to time of the serious shortage of Public Health Trained Nurses. As far as I can judge from my experience here the shortage is due to lack of facilities for giving the courses rather than to nurses who are not interested enough to want to take it. So many excellent nurses, a large number of whom are returned from overseas duty, apply to me for Industrial Nursing or for general advice on preparation for public health work, that it is heart breaking to have to tell them that the classes are filled here in Boston until next June, and as far as we know the four months' courses are filled elsewhere.

"Would it be possible to arrange for further facilities for training a larger number of nurses?"

WORK IN BELOIT, WISCONSIN

In Beloit, Wis., the city furnishes a Ford Roadster and pays for its upkeep for the use of the two nurses employed by the Beloit Visiting Nurse Association. The nurses do infant welfare and tuberculosis work, as well as general visiting nursing and the care of policy holders of the Metropolitan Life Insurance Company. A tuberculosis clinic for children only is held every Wednesday afternoon, the names of anaemic and tuberculous children being secured from the teachers of the local schools; the chief object is to build up the health of these children, and the county agent and Associated Charities coöperate by supplying milk and eggs to those who are needy.

Once a week an infant welfare conference is held, where the mothers are taught how to keep their babies well; no sick babies are treated at these conferences, the aim being to prevent instead of to cure.

FOUR MONTHS' COURSE IN COLORADO

A four months' course in Public Health Nursing has been arranged under the joint auspices of the University of Colorado Extension Division, and the Colorado Fuel and Iron Company. The course began October 6 and is limited to six students. The Director is Miss Mary B. Eyre, and the field work is under the direction of Miss Agnes Paulsen.

Dr. Clinton B. McCord, of Albany, has been appointed head of the newly created bureau of health in Pennsylvania. For the last seven years Dr. McCord has been health director of schools in Albany and he has written considerably on various subjects connected with the health of school children. We have the pleasure of publishing material from him in THE PUBLIC HEALTH NURSE.

Miss Elizabeth L. Parker, who has been the Public Health Nurse of the Extension Department of the Michigan Agricultural College, has resigned her position to accept the Executive Secretaryship of the Michigan Anti-Tuberculosis Association. The office of the latter Association will be removed from Ann Arbor to the Oakland Building in Lansing.

Miss Parker will continue to reside in East Lansing.

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INDUSTRIAL NURSING

A Handbook for Industrial and Pupil Nurses and for Employers of Labor

By Florence Swift Wright

Supervisor, Bureau of Child Hygiene, New Jersey State Department of Health; formerly Secretary of the Benefit Association of the Employees of John Wanamaker, New York; and formerly in charge of Industrial Nursing for both the Cheney Brothers' Silk Mills and the Clark Thread Company.

Just Published. Price, $1.25

This important work has been written by a pioneer industrial nurse in answer to questions asked by many nurses, employers of labor and others interested in industrial problems. In addition, many industrial nurses have given freely from their experience and thought in its preparation. It is based on long experience in the textile industries and mercantile establishments, supplemented by the experience of other nurses in many industries. Definite plans for the installation, equipment and management of a first aid room and for records and reports are included. An industrial nursing center is described in detail and its use as a community center is discussed. The handbook is supplemented by a carefully compiled bibliography and a list of sources of information on the many public health and social problems encountered by industrial nurses.

The author has endeavored to present to pupil nurses, and to others who wish to take up industrial nursing, an idea of the conditions under which they may have to work and to emphasize the need of as thorough a training as possible. To those who, because the need is urgent, must enter the field with little more preparation than a hospital training, this volume may serve as a guide to careful self-preparation while engaged in the work. It may also give to some employer, who still doubts the value of the trained nurse in industry, an idea of what the nurse can do for his organization, employees and community. It is the first book to be published on the subject of industrial nursing and has been carefully prepared to fill a definite need.

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